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SHORT TERM MARITAL COUNSELLING UTILIZING READING AND RELATED QUESTIONS: phenomenological case studies

by

(C) SUSAN HENDERSON

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

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Supervisor

Jack Goldberg

Date September 2, 1983

R. D. Jarvis

Norman E. Jarvis

DEDICATION

To the people I have worked with as a counsellor who have invariably taught me and have given me respect for human potential and courage.

ABSTRACT

While the number of marital counsellors in public agencies has been restricted by budget constraints, the number of couples seeking marital counselling has increased creating increased case loads per counsellor and waiting lists of distressed couples. Time efficient and effective methods are needed. Information available suggests that short term marital counselling requires limited goals and tends to be directive with limited attention given to developing independent skills in the couple or changing beliefs about marriage. The method examined in this study was designed to help couples develop useful skills and attitudes during short term marital counselling ended. Reading about marital problems and related questions were used as a supplement to an eclectic marital counselling approach which stressed cognitive change. Phenomenological case studies provided detailed information about this method. Couples learned about the study through explanatory advertising. Subjects were screened to determine level of distress, learning ability, commitment to the relationship, and willingness to work. Two couples were selected: a couple in their forties, married five years and a couple in their twenties married nine months. Treatment involved seven one hour counselling sessions with the older couple and four with the younger. Appropriate readings and related questions were selected as concerns were voiced. Pre and post counselling assessments utilized the Locke-Wallace Marital Adjustment Scale - Short Form (MAT), a conceptual assessment form developed by the counsellor, a personal statement about the relationship, and case studies. A post counselling questionaire about the perceived value of the two aspects of treatment: reading and counselling was used. Results with the older couple included highly significant positive changes on the MAT (+2 S.D.), changes on the conceptual assessment, a more positive personal assessment of the relationship, and observed positive changes in the case study. Of the two aspects of treatment they valued counselling most, but also found reading helpful. The younger couple did not complete counselling, but were assessed to obtain information about a less successful case. Interpretation of changes on the MAT seemed obscured by a social

desirability response set. There was no significant change in the wife's score. The husband's MAT score dropped one standard deviation. Some conceptual change were noted in the wife. Statements about the marriage did not change greatly. Self reports indicated improvement in conflict resolution, a topic in the readings which the wife found useful (although her husband did not consider reading useful). Both reported benefits from counselling. Some tentative guidelines for improved short term marital counselling were developed, potential value of the method for the counsellor was considered, and possible usefulness to clients assessed. Concern was noted about clients' response to rapid exposure of intimate information. Some evidence suggested that cognitive change could be facilitated using this short term marital counselling method and that severe limitation of counselling goals was unnecessary. Suggestions for future research included a controlled study, a measure of irrational beliefs about intimate relationships, and a measure of marital satisfaction with the criteria suggested.

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INTRODUCTION

Increased case loads of marital counsellors in agencies offering free or low cost services have led to the introduction of waiting lists or referrals to private practitioners. Public funding to increase the number of publicly funded marital counsellors available has not been forthcoming. Therefore, the number of counsellors treating marital distress remains roughly the same while their case loads and waiting lists increase. Training of marital counsellors has not usually addressed the problem of limited time available to work with each individual couple or the need for a method of marital counselling which is both effective and time efficient.

Due to the lack of research available regarding the changes in marital counselling methodology required with limited counselling time, this study was used to gather information regarding the effects of time limits upon marital counselling practices. The limited research available indicates that training in short term marital counselling emphasizes directive counselling with very limited building of independent skills or general change in perspective offered the distressed couple. Limited goals are stressed with the assumption that time with the counsellor is the source of change and that limited counselling time must limit positive effects although some counselling is better than nothing (Freeman, 1982). The current study is an attempt to utilize the learning potential of clients using reading as a supplement to short term marital counselling. It is hypothesized that cognitive change is an important source of behavioural change, that cognitive change can be induced by reading as well as counselling, and that the limited goals expected in short term marital counselling may be expanded somewhat with the addition of this adjunctive treatment (reading) to cognitively oriented marital therapy.

There is an added complication when differences within and between couples are considered. Latent skills and learning abilities may vary between the partners or between couples. A form of short term marital counselling which works well for some couples may not be effective for others. The current

study was an attempt to find a useful form of short term marital counselling which was anticipated to be effective with well-motivated couples with reading skills roughly equivalent to those of university freshmen. By reducing the number of total counselling hours needed for couples meeting these criteria the overall time demand upon counsellors in public agencies could be reduced. Greater time/cost efficiency and reduced waiting lists were the practical benefits anticipated.

The form of counselling used in the study was an eclectic approach emphasizing cognitive change. Counselling was supplemented by readings about marital problems which marital counselling researchers have identified as problems common to disturbed couples. Couples were given questions related to the readings which required them to apply the concepts in the readings to their own situations. Measures of marital satisfaction and general beliefs regarding the relationship were taken prior to counselling and after its completion. These measures included a personal statement about the relationship, an assessment of some concepts related to marriage, and the Locke-Wallace Marital Adjustment Test-Short Form. A post-test assessment of the counselling and reading components was also requested. Case notes provide the core of the results section and may also be utilized for independent assessment of the results by other investigators.

In the following chapter a brief overview of the current practical need for short term marital counselling will be provided. The theoretical assumptions and research basis for short term marital counselling with supplementary reading will be examined through consideration of literature in related areas of research. The development and relative effectiveness of short term methods of counselling will be discussed. Particular emphasis will be placed upon short term marital counselling and cognitively oriented marital counselling. The limited research on the use of reading materials with distressed couples will be reviewed. The design of the current study will be considered utilizing information from previous research on reading treatment with distressed couples.

II. REVIEW OF RELATED LITERATURE

The Need for Short Term Marital Counselling and the Present Length of Treatment

An attempt was made to find a baseline measure of the usual number of counselling hours provided per couple. The accessible agencies in the city of Edmonton were contacted. Most of the agencies did not keep data on the total number of hours of marital counselling per couple.

The agencies supplying free or low cost marital counselling had waiting lists and the case loads of individual marital counsellors were heavy and stressful. They spoke of personal frustration and the possible damaging effects to clients caused by waiting for counselling while the marriage deteriorates. Some agencies referred couples to private counsellors when they couldn't see them and the couple was able to pay counselling fees; however, many couples could not afford private counselling.

The other potential source of information on total counselling hours per couple was literature from marital and short-term counselling studies. There was no typical number of marital counselling hours found in the literature. One study of short term marital counselling and one survey of studies of short term counselling were located which incorporated information on total counselling time.

The information located on total marital counselling hours in short term marital counselling was from the account of Dorothy Freeman (1982), an affiliate of the Marital Counselling Center of Montreal. Freeman uses from one to three sessions for a counselling based assessment of the couple. If she and the couple agree to continue on a short-term basis a contract is set for from six to twelve sessions. Totaling the number of counsellor hours used by Freeman, a minimum of seven and a usual maximum of fifteen counsellor hours are used. She is flexible about termination.

Mandel (1981) surveyed the information provided on short term counselling for a variety of concerns (a few marriage related studies were included). He found little consistency in the total number of counselling hours per client. His general assessment was that the number of sessions in short term counselling was usually less than twenty.

The two studies cited above yielded a range of total counselling hours between seven and twenty hours. The maximum number of hours per couple in the current study was seven hours. The total counselling time spent with each couple in the current study was brief relative to the time cited in the above studies.

The total number of counselling hours per couple in the current study ranged from four one-hour sessions with one couple who did not complete the program to seven one-hour sessions with another. Time used for written assessments which did not involve use of counsellor time was approximately three hours per couple for all of the pre and post testing.

The Development of Short Term Counselling

Mandel's (1981) overview of the history of the development of brief therapy emphasized social and economic factors which created a need for shorter, more cost efficient treatment. The interrelated factors he identified were:

a. The development of the community mental health movement in the late 1950's which identified socio-economic groups needing counselling services which were not being serviced by traditional psychotherapists. Also at this time, a belief that some clients were better served outside of institutions developed.

b. As an outgrowth of the community mental health approach, crisis intervention and crisis management programs developed and stressed treatmented of presenting problems within a brief period at that time.

The goal of return to previous functioning was stressed rather than long term emotional development.

c. Although funding in North America was not problematic in the 1950's and 1960's, economic factors in the 1970's were a factor resulting in a new stress upon accountability and cost efficiency in mental health programs. Brief therapy models and methods were developed in this sociological context.

d. Cost and time comparisons were made between drug treatment and long-term psychotherapy providing an impetus for those who believed that psychotherapy was valuable to create a cost efficient approach.

e. Theoretical systems which emphasize ego psychology and tasks required in the present were developed and were increasingly utilized.

> These forms tend to be more active and confrontive, and shorter in duration than the traditional forms of treatment. Although many of these newer systems do not deny the value of thought, insight, or understanding, they all stress the importance of action in the process of change. (Mandel, 1981, p. xiv)

f. Payment agencies such as insurance companies limited the total amount paid for psychological services. With recent studies reporting equal positive outcomes when comparing longer and shorter-term treatment there was pressure to use methods which were effective in short term treatment.

g. With doctors generally unavailable after office hours, emergency departments of hospitals were seeing an increasing number of patients with acute emotional distress. Crisis intervention techniques developed as part of short-term counselling methodology were increasingly used in this setting.

As Mandel indicates short term counselling methods were developed to treat clients in crisis situations. Marital counselling clients rarely ask for help until a crisis situation occurs. The need for rapid treatment in marital crises is

further explored in the following section.

Some Aspects of Crisis Theory as Applied to Short Term Marital Counselling

Freeman (1982) has used some of the principles of crisis theory to explain the feelings of clients and their counselling needs in a situation of potential marital breakdown. She emphasizes the need for rapid intervention and the use of problem solving tasks.

Freeman stresses that "Prompt intervention at the peak of crisis" (even short term intervention) is more effective than later intervention because the couple are more emotionally accessible (Rapoport, 1967). The couple are more open to suggestion because they are aware that their usual interactive system and problem solving methods are not functioning constructively. Later, they may either return to their former behaviour pattern avoiding the sources of contention or some form of interactive deterioration may occur. Crisis can engender positive adaptation and insight but positive changes such as these are more likely to occur with rapid help at the appropriate time (Freeman, 1982).

The use of short-term conselling allows each marriage counsellor to see more people in a given time period and long waiting lists can be reduced. The advantages of being seen quickly in a marital crisis are obvious from the above rationale.

The Need for Short Term Marital Counselling and Its Effectiveness

In the current study the urgent need for effective short term marital counselling has been assumed because of the waiting list problem previously noted and because of the practical factors Mandel itemized. There are other factors which make short term marital counselling desirable. Some of the strengths of this approach discussed by Freeman include:

a. "...planned use of time in short-term counselling... enhances client motivation..."

b. The client's relative degree of control when participating in planning

enhances ego strength and reduces dependency and regression.

c. Anticipation of short-term improvement is encouraging to the client.

d. The way that goal-setting and client participation is used allows the client to question the value of the treatment, or change therapists. This approach is not congruent with the labeling of clients as defensive or resistant (which both Freeman and I attempt to avoid).

There is an additional factor of effectiveness of the counselling method which should be considered when short term marital counselling is used.

The rationale for short term marital counselling in a recent publication (Freeman, 1981) stressed the equal efficacy of short term counselling as compared to long term counselling in recent studies (Reid and Shyne, 1969; Hepworth, 1979). However, we have no conclusive data which confirms that short term conselling for subjects in marital distress is equally effective when compared to long term marital counselling. It is reasonable to question the quality of short term marital counselling when counsellors using this approach stress limited goals and assume that the client has the ability to continue to change constructively after termination of counselling (Freeman, 1981). There has not been much attention given to the effect of the type or quality of short term marital counselling on the client's capacity to function independently after counselling. The cognitively oriented counselling approach and supplementary reading used in the current study were expected to facilitate changes in cognition and thus promote generalization of learning from the counselling situation to the daily living situation of the couple.

Short Term Marital Counselling: Theoretical Assumptions and Practial Considerations

There is little research on short term marital counselling. The single source of data located, a study by Dorothy Freeman (1981); was a series of case studies in which unsuitable candidates were screened out and no data about them was presented. Also, the case studies did not seem to reflect the

generalizations she made about short term marital counselling. In practice, she was extremely directive. Client participation in setting goals regarding their own development and attempts to help the client develop transferable skills did seem minimal.

Some of Freeman's assumptions include:

a. That the marriage is an interactional field affected by individual psychodynamics and social milieu.

b. That the counsellor's active intervention discourages regression, works within the client's value system, and encourages problem-solving utilizing both support and confrontation applied with awareness of the client's capabilities.

c. An eclectic approach best serves the interests of the clients because diagnosis and treatment can be tailored to their mode of functioning. Freeman specifically mentions her use of psychodynamic and behaviour-modification models.

d. Limited goals are assumed to be possible in the limited time allotted. Identification of problem areas and some experience modifying their behaviour are assumed to provide resources for on-going change without the counsellor. Freeman uses three assessment interviews and, if she finds the clients suitable, then adds six to twelve sessions.

e. The first three assumptions of Freeman support the approach used in the current study and are congruent with the counselling method used in the study. The last statement clearly is an example of the previously mentioned problem of limited goals and assumed generalization of treatment effects after termination of counselling.

Freeman discusses some client-counsellor behaviours which she has found necessary for success in short term marital therapy:

f. both the couple and counsellor must work to improve the relationship with the clients taking some responsibility as part of the theraputic contract.

g. the counsellor will not have time for "the leisurely relationship building,

the passive listening, or the detailed and lengthy history taking" used in long term counselling.

h. the counsellor must extend the length of time which was originally agreed upon if the clients are critically in need of additional help.

While all of these statements are basically reasonable two problems remain. First, information is important in assessing marital problems and second, a good relationship with the couple is important because it greatly facilitates clients' progress by reducing defensiveness.

In the current study an extraordinary amount of relevant data was supplied by clients' question responses and pre-counselling testing. Prior to the counselling sessions the counsellor read this material when it was available and thus became aware of many unvoiced client concerns. The use of the information facilitated the client-counsellor relationships.

Freeman's methodology in short term marital counselling involves task setting related to the marital problems. She believes that "Task setting provides for purposeful activity which tends to reduce anxiety and to increase the energy available for problem solving." The cognitively oriented counsellors who also use these methods would also suggest that tasks successfully completed may change a person's cognitions regarding their personal potential to accomplish constructive changes in behaviour as well as providing task-relevant practice (Bandura, 1969; Ellis, 1974; Beck, 1976). In the following discussion the value of cognitive approaches will be explored.

Cognitive Approaches to Marital Counselling

Although many of the specific behaviourally oriented procedures such as task setting, contracting, problem solving and communication training are extremely useful when applied selectively in marriage counselling, there has been a recent interest in application of more cognitive behaviour modification (Epstein and Williams, 1981). Cognitive behaviour modification has not been applied to marital problems with the same rapidity as it has to other problems (O'Leary

and Turkewitz, 1978). The general principle used by cognitive behaviour therapists is that "thought processes are mediators, of a person's emotional and behavioural responses to environmental stimuli" (Epstein and Williams, 1981).

The most difficult aspect of attempting to change thought processes is that they are often implicitly learned patterns of response which seem beyond voluntary control to the individual or out of awareness (Beck, 1976; Meichenbaum, 1977). There have been varying approaches to the problem of bringing destructive beliefs into conscious awareness, and under conscious control, and to finally changing the belief system.

The most obvious approach is to teach the client that his faulty cognitions are leading him to respond in self destructive ways (Ellis, 1962). He must realize that he is actually maintaining the "automatic" responses by maintaining the belief system (Meichenbaum, 1977). Finally, he must be convinced that these cognitions which seem so automatic can be changed.

There are many sources of reinforcement for destructive beliefs that make change more difficult. Ellis (1962) suggests that descructive beliefs are learned as part of general socialization into western culture. Some family therapists investigating schizophrenogenic or emotionally disturbed families have suggested that these families in particular have belief patterns which are destructive due to denial of implicit, contradictory rules governing the family's functioning (Bateson and Jackson, 1968; Magran, 1981).

Meichenbaum (1977) has suggested that clinical subjects are not so different from the general public in regard to he destructive beliefs they hold, but non-clinical subjects seem to "compartmentalize" these beliefs so that they have a limited effect upon the person's daily functioning.

If we accept that self destructive belief patterns are both common and reinforced in a variety of ways, a reasonable argument can be made that there is a need to deal with faulty cognitions directly in counselling. Direct work on beliefs may also reduce the risk that a person may be capable of behaviour

change but not perceive himself to be capable. Even the accomplishment of feared tasks is not a foolproof means of learning if the individual does not perceive the accomplishment to be repeatable or within his own control (Bandura, 1977).

One of the most direct teaching methods for changing beliefs is that of Albert Ellis who developed Rational Emotive Therapy (R.E.T.). Ellis and others who use R.E.T. refer to both socialization and personal responsibility as factors maintaining irrational beliefs. The individual is held responsible for changing his behaviour and for maintaining his self destructive beliefs. The research of Ellis (1962; Ellis and Harper, 1975) has been applied to marital counselling but is essentially personal counselling of the spouses regarding their belief patterns utilizing R.E.T..

Epstein and Williams (1981) provide an excellent synopsis of the marital counselling approach of Ellis and Harper (1975):

> ...marital dysfunction is due to one or both spouses' cognitively mediated neurotic responses. Unrealistic expectations of oneself and marriage lead to anger, disappointment, anxiety and other negative emotions, as well as counterproductive behaviours such as nagging and blaming. The therapist points out how these expectations produce only negative consequences; e.g. the wife's blaming does not make her husband make fewer mistakes and in fact makes him more defensive. It is noted that it is irrational for either spouse to believe that the husband should be blamed for mistakes, and stressed that human beings do make mistakes... attention could be applied more productively to efforts aimed at improving performance...

Unfortunately, it is possible that while R.E.T. may be a useful counselling method for individuals its application to marital counselling may require some alteration. Epstein and Williams (1981) have argued that the Irrational Ideas Inventory which was developed by Zingle (1965) and used to measure irrational beliefs of distressed couples may not be measuring beliefs which are particularly damaging in marriage. Examples of damaging beliefs found by previous marital researchers which Epstein and Williams cite include:

a. "If I express my feelings I will hurt our relationship beyond repair." (Gottman et al, 1974)

b. "If people love each other they sense each other's thoughts and feelings without having to ask." (Lederer and Jackson, 1968)

c. "Planned positive interactions between spouses are unromantic and insincere." (Gambrell, 1971)

d. "If spouses disagree they have a poor relationship." (Epstein, Finnegan, and Bythell, 1979)

Currently, some other ways of attacking these specific beliefs are being used. Communication training may not mention the belief directly and dispute it, but cognitive change is accomplished by practicing communication patterns which are incompatible with the previously mentioned beliefs. Behavioral marital counselling also incorporates practice to modify such beliefs (Bandura, 1977) as does Ellis (1974). Communication training teaches spouses to communicate their feelings directly while suggesting that direct statements, if they are not accusatory, will not cause damage to the relationship. The belief that planned enjoyable activities are unromantic is indirectly attacked by behavioural marital therapists through positive experiences with planned activities. Evenings away from the children and pleasant time at home away from household tasks are features incorporated into planned behaviour modification programs.

Unfortunately, the persistence of such beliefs is so tenacious that a more direct means of disputing beliefs about relationships would be a useful addition to the marital counsellor's skills. A tool such as the suggested measure of "irrational relationship beliefs" (Epstein and Williams, 1981) would provide more direct information about the specific destructive beliefs spouses hold about intimate relationships. They could then be disputed directly using Ellis' approach (1976) or a modification of this approach. Practice with direct communication and practice acting upon the new belief system can be effectively combined with disputing irrational relationship beliefs once they have been identified. This eclectic approach was utilized to some extent in the current study, but identification of irrational relationship beliefs was accomplished indirectly through personal statements, question responses, and counselling.

In a recent attempt to correlate specific aspects of marital communication with level of irrational beliefs Grabia (1977) found only self-esteem to be positively correlated with irrational ideas measured by the Irrational Ideas Inventory. There was no positive correlation between low scores on irrational beliefs and self-disclosure, loving behaviour, or marital satisfaction. Due to the size of the sample and the restricted range of scores on irrational ideas it is difficult to generalize from this study; however, the previous study of Eisenberg and Zingle (1975) also failed to find a positive correlation between marital adjustment scores and irrational beliefs of spouses as they were being measured in the studies. Both studies used variations of the Locke-Wallace Marital Adjustment Scale, but did not use identical tests of marital satisfaction.

The observation of many marital counsellors is that beliefs held by spouses create marital distress (see Sager's work on expectations, 1976). Although the irrational belief measures currently used probably measure beliefs which influence the quality of all relationships, intimate relationships are generally considered to evoke different response patterns (Whitaker, et. al., 1981). It is plausible that some of the beliefs associated with intimate relationships could be unique. Clearly the sequence of a) idealization and expectations of intimate relationships followed by b) disillusionment and feelings of betrayal is a common literary theme evoking a unique empathetic response. Intimate relationships are perceived as uniquely gratifying and potentially painful. (Whitaker et. al., 1981).

In the current study measurement of beliefs regarding marriage was accomplished using a self-statement to elicit the concepts used to describe the relationship prior to counselling and after. Some concepts generally used by marital counsellors to explain marital distress or marital satisfaction were also assessed. Some examples of these concepts include expectations, self-concept, and communication patterns such as typical response to hurt feelings. The excellent suggestion that a measure of irrational beliefs regarding marriage be devised (Epstein and Williams, 1981) was not seen by the researcher until after project completion.

In the previous discussion the need for short term marital counselling was established. Some possible counselling approaches were discussed and the approach used in the present study was indicated to be an eclectic approach stressing cognitive change. As there was limited time to produce the desired cognitive changes an additional treatment, reading and answering questions about marriage was introduced. Although reading has been used as part of marital counselling (Ellis, 1976; Hauck, 1980) there is little information on its effectiveness. In the following section previous data on the effectiveness of reading and the rationale for addition of a reading component to short term marital counselling will be discussed.

The Effectiveness of Reading as a Treatment for Distressed Couples

Hickman and Baldwin (1971) have compared the effectivensss of reading and counselling as methods of treatment for marital distress. They randomly assigned thirty couples referred to concilliation court to three groups: a) a no treatment control group b) a group receiving eight hours of programmed instruction on marital communication without counselling, and c) a group receiving eight hours of marital counselling stressing communication skills. Results of the varying treatments were assessed using pre and post test semantic differential scores and decisions by the couples about reconciliation. When the groups were compared significant differences on both measures of change were found between the control group and the group receiving marital counselling. Positive changes occurred in the group using programmed texts, but these changes were not statistically significant.

There are several aspects of the Hickman and Baldwin study which have been assessed and altered in this study. The first problem was that Hickman and Baldwin did not use a treatment group in which both counselling and reading were provided; therefore, there was no assessment of additive or complementary effects. A group receiving both counselling and reading could receive more total treatment time, but would not require any more counsellor time. It would have been interesting to know whether the two treatments

together would have produced significantly better results than counselling alone. The practical value of an increase in treatment effects without an increase in counsellor time is obvious.

The second problem in the Hickman and Baldwin study was the restriction of reading and counselling to the topic of communication alone. While this approach may have created a relatively well controlled research design, the clients in the study were not exposed to topics other than communication which marital researchers consider important. This isolation of a single variable (communication) provided definitive experimental results but limited the scope of the study.

The utilization of case studies in the present study allowed for the identification of topics relevant to the specific couple. Topics which were anticipated to be potentially useful because of previous research could be used at the counsellor's discretion. Some of these topics included communication, self concept as it relates to communication, emotional expression, expectations, conflict resolution, and sexuality.

In their discussion of results Hickman and Baldwin analyzed the varying functions of reading and counselling:

> A balance of both cognitive and affective elements is necessary in any effective communication between persons. (Bordin, 1955) In the Programmed Text Group and the Counseled Group, both elements were available to couples, but in somewhat different contexts. In counseling, the counselor utilized verbal and non-verbal cues and responded to either cognitive or affective components to facilitate the communication process. In contrast, the programmed instruction presented couples with a more structured cognitively-oriented communications training. At times, text instructions required couples to explore affective elements in their communication, but choice was left with couples at these points.
>
> It is known that many difficulties in communications processes in marriage result from de-emphasis of the affective components of communication. Choice in exploration of affective elements in the Programmed Text Group may have enabled couples to avoid confronting many key mechanisms necessary to rebuild sound communication. In counseling, the adaptibility of the counselor permitted shifts in emphasis along the affective-cognitive continuum. These shifts in response to various cues helped couples focus on problem areas in their communication, and decreased the effectiveness of avoidance mechanisms.

Considering their experimental findings and analysis of the functions of the two treatments Hickman and Baldwin suggest that "programmed texts may be effective as an ancillary technique... but not as an alternative" to marital counselling.

In the current study reading is used as an adjunct to counselling and not as a replacement. The range of topics in both reading and counselling has been expanded to utilize more of the potentially useful topic areas previously identified by marital counselling researchers. Case studies are used rather than comparison of treatment groups in order to provide more flexible counselling suitable to the clients' needs and to provide detailed information about this form of treatment when used as an aspect of short term marital counselling.

METHOD

Subjects

Notices of the project were circulated to physicians known to the experimenter and counselling agencies. A notice was also placed in the news letter of the married students' residences of the University of Alberta. The description of the project told potential participants that the project required time for reading and writing each week for approximately six weeks, a high level of motivation, commitment to the relationship, and an ability to learn using written materials. Five potential subjects inquired about the project. The evaluation of the experimenter was that the emphasis placed upon personal responsibility for working on the relationship and the time and effort described were considered undesirable by many potential subjects. Therefore, many subjects who were unsuitable did not require evaluation and the subjects chosen were largely self-selected. The subjects who were selected of those who inquired were one couple responding to the advertisement in the married student's newspaper and one couple who requested marital counselling from the Clinical Services section of Educational Psychology at the University of Alberta.

The criteria for selection included the researcher's judgement of distress and suitability for the treatment and the couple's personal statements that they were distressed and felt that they could benefit from the treatment. Criteria for differentiation of marital distress from a simple desire for to improve a sound relationship were considered carefully. There are marital enrichment programs for non-distressed couples which include reading and they have been proved to be effective (Baum, 1977). The potential usefulness of this investigation rested upon the possibility that distressed couples might also benefit from both counselling and reading.

The criteria used by L'Abate (1981) to exclude couples from marital enrichment programs due to their level of distress were considered in the selection process and used to differentiate a sufficient level of distress to

"label" the couple "distressed." L'Abate's criteria were:

a. projective responses to difficulties and blaming characterized by use of "you" and inappropriate generalizations ("always", "never")

b. crisis indicated by consideration of divorce and confusion regarding goals related to marriage or personal pursuits

c. couples who have recently experienced a loss (death or moving away of children)

d. couples who have well-established psychosomatic or delusional coping mechanisms by which they externalize problems

e. strong denial of any tensions or conflict

f. excessive rigidity or vagueness in beliefs

g. extreme self-sacrifice

h. extreme polarization of affect with one very emotional and one very withdrawn spouse

Due to the short term nature of the treatment distress caused by severe emotional disorientation and problems generally considered to require long-term treatment were avoided.

The Locke-Wallace Marital Adjustment Test-Short Form (MAT) was administered and scores were considered as one factor in the general assessment. None of the clients scored within 15 points (the standard deviation) of the mean for well-adjusted couples (135.9 points). One couple's scores were borderline between the distressed area and adjustment, but other factors were considered more indicative of distress. The Locke-Wallace has been criticized because, as with all self-report tests, there is a tendency for people to report themselves on the MAT as behaving in a socially desirable way, i.e. they don't report disagreements, etc. In the assessment of the couple with borderline scores, the denial and avoidance of areas of conflict was an issue. The clinical information left little doubt that the test scores were affected by the social desirability response set.

Finally, the nature of the treatment required client time, motivation, and ability to comprehend the written material. The advertisement specified the time

and motivation required. The intake information and initial interview allowed for assessment of possible learning problems and the counsellor screened for alcoholism and drug use at this time as well.

Three couples were assessed as potential participants in the study who did not participate. One couple was separated and the wife did not desire to continue the relationship. The wife of the second couple who were willing to participate had behavioural signs of severe emotional disorientation and had completed a grade nine education in a school for the learning disabled. A reading based approach and time-limited treatment were not appropriate treatment methods for this client. The third couple who did not participate disagreed about the time commitment required for treatment. The wife was very enthusiastic about the readings, but her husband was unwilling to participate in a time-consuming project. All of these couples were informed about the nature of the project, they asked to participate, were pretested, given initial counselling, and were then found to be unsuitable for the project.

The subjects selected were two married couples voluntarily seeking counselling and committed to improving their relationship. They were contacted through advertising and through a university clinic. They were told that the treatment involved personal effort and time prior to counselling. Both couples had modest incomes and wanted free counselling services. They could be considered to come from the lower middle class. One couple was in their twenties. The other was in the mid-forties. All participants had a high school education. One wife had a year of community college while the other wife was a first year university student. All of the subjects were raised on farms or in small towns, but were living in the city of Edmonton at the time of the study. Subjects were screened for factors likely to affect memory and general alertness such as excessive alcohol use or use of certain medications. There were no current problems of this nature. However, one subject later mentioned previous alcoholism and this subject expressed concern over her memory and concentration as treatment progressed. Due to her high level of general anxiety it was not possible to determine a single causative factor

creating her memory problem.

Procedure and Rationale

Prior to the initial interview clients were asked to complete an assessment package including the Locke-Wallace Marital Adjustment Scale, a questionaire about concepts which are used in the marriage counselling process, and a personal statement about the strengths and weaknesses of their marital relationship. One member of the couple was spoken to while the other worked on assessment materials, and then they were seen together. Individual interviews allowed them to be blunt without fear of consequences from the spouse and joint interviewing allowed the counsellor to see interactional dynamics. In the first interviews active listening techniques predominated and the counsellor was relatively passive. While absorbing information an attempt was made to avoid imposing labels or hypotheses at this time. The counselling goal at this time was to establish an atmosphere of trust and safety using accurate empathy. Due to time limitations, the establishment of rapport and trust must occur relatively quickly. Accurate paraphrasing, summarization of key issues and reflection upon the clients' affect are very important when trust is to be quickly established.

After the initial interviews and assessment data collection an attempt was made to form a total picture of the couple and family where applicable. The counsellor could ask to see other family members. In the cases discussed here the couples were dealt with alone.

Because the counselling approach used indicates that the belief system of an individual mediates emotional response, an attempt was made to identify various aspects of the belief system. Some of the areas of functioning considered were:

a. self-concept.

b. concepts used to describe significant other and strangers.

c. expectations of self, spouse, and others which include sex-role

expectations, general performance demands, and beliefs absorbed from family of origin. Beliefs about marriage seem to be incorporated in the system of expectations.

d. beliefs about responsibility for emotional states and decisions.

e. upsetting events or behaviours in marital interation are probed to explore the attribution system i.e. intentions perceived or meaning signified.

After the initial exploration of individual feelings and beliefs and the observation of interaction, concepts were introduced regarding communication skills and the relation of openness to communication with positive self-concept (Communication development is a core area of marital counselling in all theoretical schools except perhaps the psychodynamic).

Communication skills were developed in a variety of ways: reading about the attributes of good communication which includes exercises and personalized questions, practice during counselling when problem areas in the marriage were discussed, and by modeling in which the counsellor attempted to demonstrate clear and constructive communication as a part of counselling. As a natural progression of marital counselling, expectations and attributions surfaced when areas of stress in the marriage were discussed. Again, the counsellor would assign readings and questions on expectations (attribution is covered in communication) and incorporate what was learned into the counselling process. Problem solving was introduced to aid in the resolution of conflicts in the interaction, particularly regarding practical issues such a household chore distribution and time for intimacy or personal development. Again, both reading and practice were usually utilized. Some couples who develop good communication seem to begin to solve these problems without supervised practices and with minimal stress. Communication skills help people to express their intent and vulnerability and better understanding of these factors tends to reduce defensive behaviour and increase flexibility.

On a weekly basis, the progressive shift from exploration of feelings alone into the inclusion of problem solving was gradual and dependent upon the

needs of the client. Each week we discussed the couple's current emotions and how daily life was that week. We explored issues causing stress and considered alternative pereptions, or activities, in an effort to resolve emotional hurts and find new ways to handle problems in the future. By doing this we made their use of expectations and attributions in their current situation more transparent and accessible to change. Inaccurate assumptions about the motives and feelings of the spouse were explored. Communication and problem solving were practiced on issues of real concern. Areas of conflict were itemized in a written list to provide a total picture of the issues. This assured that we would return to each issue they had originally voiced. This was particularly useful when one spouse was more vocal and their concerns were repeated frequently.

When a complaint was voiced, the counsellor asked for the behaviour that would be preferable and tried to insure that the description was specific and unambiguous. Each partner was asked about how they felt about conforming to the wishes of the other. The counsellor did not impose or suggest rewards or punishments and did not advocate quid pro quo arrangements. As recent reports suggest, coercion creates other problems. A better atmosphere in the home is an intrinsic motivator and people who perceive attempts to please as voluntary appreciate them more. Good faith contracting and the previously discussed skill development (in communication and problem solving) are methods developed by behavioural marital therapists. The approach used here emphasized intrinsic emotional rewards and personal responsibility for acting in a pleasing manner (an existential construct). The exploration of expectations, perceptions of intent, symbolic meaning of hurtful events, and the clarification of concepts used to describe self and spouse are methods which have been adapted (to suit the counsellor's personal style) from George Kelly, Albert Ellis, self-concept therapists and cognitive behaviour therapists who utilize cognitive restructuring.

Near the end of the counselling sessions, client feedback was requested about their experience in counselling and how they perceive their progress.

We discussed how the remaining time would be used by considering which issues were unresolved and which were of predominant concern. Later, this information was used when a session began to drift into small talk or unfocused complaining.

We assessed their accomplishments in counselling. The counsellor summarized issues and events in previous counselling sessions and ask them to comment upon the accuracy of the summary. These processes are an aid to memory and also a safeguard against counsellor misperception or memory lapses. These procedures help focus the direction of the final sessions and remind clients that unresolved issues must be addressed soon or they must deal with them outside of the counselling setting. In time limited counselling alertness and participation by clients are important. Clients who are slow to trust and become involved may not benefit as much. Time limits can motivate clients if they chose to become active because of this factor. This issue can be discussed with them.

We used the final session to work on remaining concerns, to complete the post-counselling written assessments, and to say goodbye. The assessment materials were useful as a measure of counselling success and for the counsellor's assessment of personal beliefs about counselling and personal competence.

Design

Prior to counselling potential subjects were assessed using an interview, a written personal statement about the "strengths and weaknesses" of their relationship, a questionaire about some concepts related to the readings, and the MAT. These measures allowed the counsellor to assess their suitability for the treatment, their current use of concepts related to the readings, their general feelings and beliefs about the marital relationship, and their stated level of marital satisfaction. Two couples were selected for treatment after assessment of five couples.

These couples were then engaged in counselling. One couple was counselled for seven hourly sessions and completed the treatment program. The other received four hours of counselling (prior to their relocation to another city). At the end of each counselling session appropriate readings and related questions were selected for each couple.

The questions (see appendices) were taken from the main points of the readings. The texts from which readings were selected were: Looking Out/Looking In by Adler, Towne (1981) and Human Intimacy: Marriage, The Family and Its Meaning (1978) by Frank Cox; Our Bodies, Ourselves (1979) by The Boston Women's Health Book Collective and Fundamentals of Human Sexuality (1975) by Katchadorian and Lund. The couples were asked to discuss the ideas in the texts using examples from their marital relationship. Questions often tied ideas to daily life experience. Open-ended questions were asked to encourage reflection. An example from the communication and conflict resolution area was: "When you are listening to your partner talk and they say something that hurts your feelings what do you usually do?"

The question responses, the case notes written by the counsellor and the pre and post test assessments provided data used to evaluate the treatment. Changes in beliefs which reflected concepts used in the readings and counselling were noted. The counsellor attempted to contrast previous marital counselling

experiences with the time limited marital counselling and noted the effects upon her counselling approach. An attempt was made to assess the suitability of the method for short term marital counselling.

In order to assess the areas of potential change identified above the couples were assessed after counselling using the same tools. Also, they were given a questionaire regarding the effectiveness of the readings and questions and of the counselling. The counsellor also requested a frank discussion of the counselling experience. The couple who did not complete counselling did complete the post counselling assessment in order to provide more information for the evaluation of the method. Materials

The Locke-Wallace Marital Adjustment Scale - Short Form (MAT) is a 15 item scale. Possible scores range from 3-158. It is similar to a Likert scale but some aspects of marital adjustment are given a higher weighting. Scored items are weighted according to their relative predictive value in determining marital adjustment. The predictive value of the items was previously assessed by Locke and further refined with Wallace (Locke and Wallace, 1959) to produce a brief test which is now a well-known instrument in marital assessment research. Items on the test having the highest possible weighting and therefore the highest predictive value are (in order): Client's assessment of how 'happy' the marriage is, whether he would marry his spouse again if he had the opportuniry to make the choice again, the Level of Agreement on sexual relations, and the low frequency of wishes that he had not married. Also scored relatively high are these items of roughly equal high weighting: confiding in spouse, shared interests, equal power in deciding how a disagreement will be resolved, leisure time spent at home together, and agreement on demonstrations of affection.

The split-half reliability corrected by the Spearman-Brown formula is .90. The test's validity was originally assessed by giving it to two groups who were known to be either maladjusted in marriage or exceptionally well adjusted as assessed by clinicians and close friends, respectively. The mean score for the

maladjusted group was 71.7. The mean for the well adjusted was 135.9. The standard deviation was plus or minus 15.

The general criticisms of self-report tests have been made regarding the MAT. The problem of people answering according to what they perceive is the socially desirable (conventional) answer has been debated (Edmonds, 1967; Edmonds, Withers and Dibastia, 1972). Weiss (1978) has suggested that this may not be a problem in marital satisfaction assessment because the subjective assessment of the spouses, if they agree, is a determinant of their happiness. The fact that the situation might not lead an independent observer to believe that they should be satisfied may not be a critical issue. There is also some evidence that an independent rating of behaviour will be highly correlated with MAT scores (Weiss, 1978).

The MAT has been used in studies of behavioural marital therapy to supplement recording of daily behaviour. Gurman and Kniskern (1978) found that twelve of the twenty-seven studies of behavioural marital therapy they surveyed used marital adjustment data as an outcome measure. Unfortunately, only three of the thirty-five nonbehavioural result reports utilized the Locke-Wallace and this made a general comparison impossible. However, the use of the Locke-Wallace in some studies revealed important information about the clients in these studies.

From the Gurman and Kniskern (1978) analysis, it was possible to consider the level of distress of couples used in the studies surveyed which incorporated the Locke-Wallace. Williams and Miller (1981) concluded that the couples used were often not as distressed as those in the Locke-Wallace sample who were identified as distressed. Williams and Miller comment that:

> In comparison with the Locke-Wallace average adjustment score of 71 for distressed therapy couples, the studies, on quick inspection, averaged in the mid 80s and low 90s.

The current study was considered specifically because of the lack of information about effects of supplemental reading on distressed couples; therefore, the

level of distress was important. The problem with the research critique of Williams and Miller is that the Locke-Wallace is, as they themselves have suggested, not a definitive measure of distress.

Williams and Miller (1981) assessed the usefulness of the Locke-Wallace in outcome studies and considered it useful when the limits of the test were realized.

> While this instrument measures only global, retrospective data and is weakened by sex-role stereotypes (see Laws, 1971), it does facilitate comparison across studies of both baseline of marital distress and pre-post changes due to therapy.

While using the Locke-Wallace does provide these advantages, the problem of new clients answering a pretest in a way that presents them in a socially desirable manner was evident in the testing of one couple. The data from the initial interview indicated areas of severe distress which were not evident in the pre-test results.

The sexist bias of one item is obvious as the scoring indicates that habitual settling of disagreements by the husband giving in is more distruptive of marital satisfaction than the wife giving in. However, the difference is one of two points and this would not have a great effect upon the total score.

A more indirect sexist bias is introduced by the norming of the test upon married couples in the 1950s. Few women worked outside the home or had individual leisure pursuits at that time. The level of tolerable difference of opinion and individualistic behaviour may have changed (or need to change for maximal functioning) in the time since the test was developed. The amount of usual agreement regarding family finances, recreation, and other matters are rated on the test. Total agreement is given the highest score. This bias probably reflects the financial dependency and level of passivity of women in the 1950s when the test was devised. The sex roles which some of the items seem to indicate as preferable may not be functional for dual career couples. The problem of cultural lag in developing sex roles that are

compatible with the tasks required in daily life greatly affects many young couples. They sometimes hold sex role expectations which they simply cannot meet due to the fatigue involved in dual careers. Measures of marital satisfaction need to be devised and assessed with this problem in mind. The MAT does indirectly measure sex role expectations and assigns positive ratings to traditional male-female roles. Fortunately, the couples who completed the experiment professed relatively traditional sex role expectations so the test could be a valid measure for these subjects. Some ambivalence about traditional roles was evident in both couples. Both men resented the dependency of their wives which had increased after marriage and after the loss of financial independence. Both women were slightly more educated than there husbands, both found housework boring but did most of it, both experienced frustration regarding their own careers when they moved to accomodate the husband's career, and both felt guilty about their dissatisfaction with their daily lives. In retrospect, both wives seem to have chosen dependent roles primarily because they had poor self-concepts and were afraid of working and coping with new situations and people. In situations where the professed values of a couple seem to conflict with their affect, the counsellor may wish to ask to about the discrepancy without imposing one value system upon them. A test of marital satisfaction which was sensitive to discrepencies between stated role expectations and affect rather than masking them (as the MAT does) would be very useful.

The readings used as an adjunct to counselling and their sources were as follows:

a. self-concept - Adler and Towne (1981)
b. communication - Adler and Towne (1981)
c. expectations - Cox (1978)
d. conflict resolution - Adler and Towne (1981), Cox (1978)
e. sexuality: emotional factors that women experience - Boston Women's Health Book Collective (1979) technique, psychology, enhancement, malfunction - Katchadorian and Lund (1975)

The questions about the readings were either parts of the text by Adler and Towne or developed by the counsellor from assessment of the readings (see Appendices 1 through 5).

Questions were developed by the counsellor to assess the concepts used by clients (Brief Conceptual Assessment) before and after counselling. The questions were about concepts from the different topic areas contained in the readings (see APPENDIX 6).

RESULTS

General Descriptive Data - Couple I

names: John and Mary

ages: John, 23; Mary, 20

children: none

length of marriage: eight months

occupation: John is currently a security guard. Mary is entering university. She was previously a bank teller.

education: John did poorly in high school and did not finish. He recently passed two courses taken to upgrade his education. Mary completed high school and is entering university.

beliefs: Christian fundamentalist. They met in bible school.

places of origin: Both are from rural farm families in Alberta.

Case Notes - Couple I

First session - Couple I

I spoke with John and Mary individually while the spouse completed pre-counselling assessments and then we talked together briefly. John's voice was barely audible and his face appeared tense and expressionless. When I asked how he felt he said fine, but he required a little time to get used to a new person. I asked why they had come to me. He said they had a wonderful relationship, but his wife, Mary, disliked sex and that bothered him. He did not elaborate on her specific behaviour when 'queried.

I asked if there were things they disagreed upon. He said no, but it might help if they could bring things out in the open more. Then, John returned to the theme of their compatibility. He stresses their similar beliefs and their attachment to each other. John's tension and difficulty talking are so extreme that it is difficult to hear him. He has indicated that they may be avoiding areas of conflict, but rapidly changed the topic.

Mary is very straightforward in her description of the situation and herself. She appears a little shy when she mentions sex, but her manner indicates only slight nervousness. Mary wears bulky functional clothing, and no make-up. Her facial expression is soft and she looks at me as she talks. Her verbal skills are excellent and she talks about her emotional reactions to problems with ease.

Mary says that she loves her husband, but dislikes sex. Prior to marriage she enjoyed foreplay. I ask her what happens when she tries to have intercourse. She says she finds it difficult to explain and she's not sure what words to use to describe it. I told her that I had a short article describing some emotional and physical problems that cause women to have sexual difficulty. I asked her to look it over at home and see which problems on the list seemed to fit her situation.

I asked Mary if there were any conflicts between herself and her husband. She said that they never argue and that they agree on everything. I said that this seemed unusual to me. She looked uncomfortable. I decided to wait until they knew me to pursue this.

When I called John back into the room I said that they both had mentioned sexual difficulty and that I wanted to do something immediately to begin work on the problem. They were given two articles on sexuality and related questions. These articles were about emotional responses which cause women sexual difficulty and sexual technique, enhancement, psychology and malfunction. They were also given an article on self-concept and its effect on communication with related questions. I told them that I needed to find out how much they could comfortably read in a week and did not want to set a specific amount of reading per week. I asked them to call when they completed the work. The week ahead would be Mary's first week of university. I suggested that they could also see me if they had not completed all of the work assigned.

Six days later Mary called to set up a second appointment. They had competed all of the readings (approximately fifty pages) on self-concept and sexuality. She said that the readings had helped her to identify problems she had not known how to talk about. Roughly quoted, she said, "When I was reading I thought, that's me. I do that. Now I can explain it to you better and I understand better myself."

They returned their question responses to me prior to the second session at my request. I looked over the information and made notations of issues that could be pursued in the second session. There was a surprising amount of new information that could be utilized. The techniques used to correct sexual dysfunction are systematic and require planning by the counsellor. Question responses will be very useful for preparation for the second interview. The suitability of sexual dysfunction treatment is questionable for this couple at this time although they have requested it. Marital counselling should precede

sexual dysfunction treatment in cases where there are distressing interactional problems (Kaplan, 1974). Unfortunately, this couple do not fall clearly into the distressed category. Their marital adjustment scores on the MAT-short form are not extremely low and they report no difficulty with interaction except for some indirect hints at conflict; however, the MAT relies on self-report of satisfaction and the behaviour they display is somewhat incongruent with their verbal reports of satisfaction. Both seem to be avoiding admitting any conflict at all.

The problem of where to start first (with marital or sexual counselling) can be resolved by approaching both areas and seeing which form of treatment emerges as the most useful at this time. They were given reading on self-concept (as it relates to communication) and reading about sexuality that included emotional factors as a source of dysfunction. Both marital counselling and sexual counselling will be utilized.

The readings on self-concept explore self-descriptive adjectives, development of the self-concept and how self-concept can be changed by individual effort. The problems that develop in personal interactions due to poor self-concept such as defensiveness, blaming, and avoidance of conflict (fear of rejection) are discussed. All of the questions with the readings require the person to reflect on their own feelings and experiences and to use the concepts to describe themselves.

Mary described herself as a student, a girl (woman), a wife, and a Christian in her list of adjectives which the questions elicited. She called herself an emotional type who cries or laughs easily. She felt she was unsure of herself in public situations; and shy sometimes. The abilities and aptitudes she listed were general intellectual ability and enjoyment of reading, playing the piano and singing. She said she was not pleased with her appearance and described herself as having "...a stereotypical appearance - i.e. red hair, freckles, slightly chubby, glasses, braces (used to have, anyway)." She also said that although she stressed her intelligence a lot, her appearance secretly bothered her.

Her attitudes about herself and others seemed ambivalent and possibly judgemental. She stressed honesty and said she disliked people who were dishonest and had little tolerance for people she classified this way. She said she liked being alone, but felt she had good social skills and thought it was important for people to like her. She described herself as less desirous of social contact than her husband. Describing influences on her self-concept she said she was not given approval by her mother and resented her mother. She felt that her father treated her like a boy and that she found this confusing. When speaking of current influences she said her husband complemented her on her appearance and her cooking, etc. He also says that he loves her frequently. She wrote about trying to give him the same kind of support and mentioned a poem she wrote for him.

When answering a question about the way her behaviour affects others she told about yelling at a woman on the bus who was littering. She exploded and there was an angry interchange. She felt that this was probably destructive to the other person's self-image and that she could have accomplished her objective with more kindness. My feeling when reading her writing about this was that the overtones of self-righteousness in many of the statements of both Mary and John may account for some of their problems with each other and with people in general. Mary seems to occasionally sense that something is wrong with their level of judgmentalness, but I wonder how much this reflection has altered her beliefs. (In later writings dealing with anger this judgmentalness is more apparent).

John's written statements about himself were generally briefer, more abstract and contained fewer references to emotions, but they provided considerable information about his life and beliefs beyond the information in the first interview in which he made few emotional statements. He put a mark next to the characteristics he said were "essential to who I am." They were:

a. "I strongly believe there is an absolute God."

b. "I am a Christian."

c. "I feel guilty when I think I have sinned."

d. "I think spiritual things are important."

John tells of a supportive family background when he writes about influences on his self-concept. Outside the family there were many situations where John did not succeed. He did poorly in school and dropped out of high school. He says he was described as a "loner" by someone and felt badly. He was "kicked out of the army" and "layed off from a job at a steel processing plant." He says that his experiences have helped him to feel he hasn't missed much. They include: traveling in Central America, taking drugs, having different jobs, learning to fly and ride motorcycles. Although he generally feels that he doesn't have a lot of talents, his accomplishments included: reading the bible several times, passing two summer courses, and improving his physical condition through jogging.

There were two references to sexuality in John's self-concept question responses. First, he described a preoccupation with pornography which he and Mary feel is sinful. Second, he said he would feel better about himself if he had more control during sexual activities. John did not answer the questions on the sexuality readings. This seems congruent with his statement that its his wife's problem and my growing concern that John may avoid dealing with things which he perceives as indicators of personal inadequacy.

Mary put a check mark by these statements on womens' feelings and sexual behaviour in Our Bodies, Ourselves (1979):

a. We are so concerned with sexual images and goals we cannot think of sex outside the context of success/failure.

b. We are afraid to follow our own feelings - we may not even be sure what they are.

c. We are too shy and embarrassed to ask for the touching or other sorts of sexual stimulation we would like.

d. Although we really want to cuddle, we feel we must have intercourse, since he has an erection. We fear it is physically painful for him not to come, although becoming aroused and not having an orgasm is no

more uncomfortable for him than for us.

e. We haven't learned, and often neither has he, that the getting to orgasm is as pleasurable, if not more pleasurable, than orgasm itself.

f. We are afraid that if he concentrates on our pleasure we will feel such pressure to come that we won't be able to – and then we don't.

g. We find it takes longer for us to get aroused than for him, and we are anxious he'll become impatient for penetration. That anxiety assures our not getting aroused.

h. We let him enter before we really want him inside us. We rush into it – or let our partners rush us into it. We end up fucking with great intensity – swept off our feet just like in the movies and swept under the rug when it comes to climaxes.

Other areas she checked dealt with painful penetration, deep pain during intercourse, unpleasant feelings when touched, and premature ejaculation.

In order to deal with all of the issues related to sexuality an outline of the issues was developed and used sequentially as part of session two. The first priority was Mary's pain and aversion to sexuality. A physician was called whose manner is gentle and he was asked for a report on her physical condition (This is always a necessary precaution). Next Mary was called and asked to arrange for an exam immediately and to refrain from intercourse for the present. The outcome of the exam was interesting. With the kindly doctor Mary showed no signs of nervousness, there was no muscle tightness which could cause painful intercourse during the exam, and there were no physical problems to account for the pain. Mary's tension and muscle tightening seemed to be related specifically to intercourse and possibly to intercourse with her husband (she was a virgin with no other experience prior to marriage).

Second session – Couple I

The outline of procedure to be used for sexual dysfunction which was followed in the second session included:

a. discussion of the M.D.'s report

b. discuss sensory awareness and relaxation exercises

c. temporarily refrain from intercourse to reduce performance anxiety

d. alternatives to intercourse to obtain sexual satisfaction

e. discuss the principles used to learn to control ejaculation

f. discuss feelings surrounding sexuality

First, Mary and John were asked about their understanding of the doctor's findings. They understood that Mary had no discernable physical problem. Next we talked about the procedures used to improve a sexual problem like theirs.

I explained that worrying about performing well could take the joy out of sex, so we need to work on changing that. First, we can say that there will be no intercourse for a while or genital touching. Then, we can find ways that they can relax and enjoy being touched. Perhaps Mary will be reminded of the enjoyable times they touched when they dated. I asked them what situational factors helped each of them to relax. I suggested that they tell each other when a touch is pleasant and direct each other on how and where to touch. Mary said she felt better sometimes when she'd had a little wine or a bath. Her question responses indicated that she had negative feelings about many things mentioned in the reading on sexual enhancement. She finds lotions used for massage "unnatural" and "creepy." Vibrators were described as "kinky." Masturbation without intercourse was "unnatural" and "makes John feel like he can't satisfy me" even though she frequently had pleasurable orgasms when he touched her in this way in the past. Many of these attitudes seemed to be tied to the way that religious beliefs were related to sexual beliefs by Mary and possibly by her family of origin. John also said that they were afraid that some ideas I might present would not be congruent with their beliefs. I stressed that the various methods I might discuss could be seen as suggestions and that I wanted to respect their feeling; however, I had seen Christian textbooks on sexuality which suggested similar techniques. My

feeling was that they were expressing personal beliefs about certain behaviours. They were reassured that they reject suggestions on that basis. I tried to help them within their value system.

I asked John about his concern about control to clarify that he was talking about rapid ejaculation. We discussed several approaches to treatment and the principle involved in controlling ejaculation.

At this time the self stimulation approach seemed a better option due to Mary's aversion, but John said his lack of control was just with her. It was suggested that eventually she might help to excite him as he practiced control. If they wish to make female orgasm during intercourse their goal he will need to find a way to gain more control. It was suggested that they might also consider a variety of other ways to please Mary, but they are strongly opinionated on this matter. They were told that her preference for other forms of satisfaction (instead of intercourse) was normal. John was told that he now understood the alternative procedures to control ejaculation and he could use the information as he wished in accordance with his beliefs and emotional responses.

The counsellor also suggested that he might wish to read Male Sexuality (Zilbergeld, 1978) for an alternative source of information from a male psychologist. He later said he liked Zilbergeld, but questioned his values. Zilbergeld's approach stresses emotional comfort with a woman, but does not discuss commitment or a religious perspective. John expresses dislike for readings which avoid moral judgement. He feels that people will be destructive if they are not told that there are absolute standards of right and wrong.

Feelings surrounding sexuality are the key in this dilema. Also, the expectations of sexual behaviour are not conducive to relaxation and enjoyment. The new information from question responses indicates an issue around pornography.

Responding to my question John says he goes through periods of obsession with pornography. He feels out of control and dominated by his interest and fantasies. Mary is very disturbed by this interest in a number of ways. First, John has taken money needed for other things and purchased several expensive pornographic books. Second, she sees a parallel in his detached attitude toward women in the books and his attitude during intercourse. Third, Mary feels that the women in the books are more stimulating to him than she is and, with her fagile self image, she finds this idea difficult to cope with.

John finds himself with ambivalent feelings. He feels that pornography is morally wrong, but finds it extremely exciting. I asked him if he wanted to explore his feelings about pornography and the emotions he experiences looking at it in order to try to gain some understanding and control in the situation. I suggested that a male counsellor could be arranged if he preferred. He said he was afraid it would lose its excitement and he didn't want to change his feelings about it. I told him that he was really in control of his own feelings and choices and that the counsellor I was considering would not expect him to give up anything he didn't wish to give up. He said he was comfortable with me, but didn't want to pursue this topic.

I asked Mary how she felt. She said bad. She says that she isn't attractive and John's sexual attitudes repell her. She wants intimacy and emotionality from John during intercourse. John has expressed this ideal himself, but he has another set of attitudes about sex which are very powerful for him at this time.

Mary mentions behaviours of John's that bother her and that she feels are demeaning and a sign that he sees her as an object. She dislikes being touched unexpectedly. When she pulls her sweater over her head John grabs her breasts when she can't see him. He also likes rear entry intercourse and some other sexual behaviour where visual contact is minimal. When asked whether she is interpreting his behaviour accurately John says he just doesn't

think sex has much to do with emotion. It's just a biological activity and a poor way to show love. His continued grabbing of Mary when her face is covered (when she's asked him not to) bothers her and the counsellor felt that her anxiety was increased by her husband's behaviour.

I asked him why he chose a shy person who knew little about sex. He said she was a challenge. The idea of turning her into a woman intrigued him. Her poor self image was a challenge to him as a man. This information led the counsellor to form a tentative hypothesis that Mary's avoidance of sexual responsiveness represents avoidance of dominance. John seems to want to change her into someone very different and this in some way represents a form of power to him. Mary is asked how she feels about John's remarks. She says she's not very feminine and he must want to help. She looks very depressed. I asked Mary what kind of woman she wants to be. She says she's secretly envious women who look attractively dressed, but also has contempt for them and considers them superficial and probably not very bright. I ask her if it is possible to dress sensibly and attractively at the same time and to be smart while looking good. She says probably and she'll have to think about it. Mary may feel more in control of her own life if she is able to to define her own image of a woman rather than having John define her role. Powerlessness in choosing her own values and behaviour may account for some of her depression.

We have not spoken about John's self concept question responses, but our time is up and John has had a considerably taxing hour due to the discussion about pornography.

It seems appropriate to think about expectations they have of each other at this point. They are given an article and questions about expectation in marriage. The hidden conflicts in the relationship may be clarified by defining what each of them expects of the other.

Most of the expectation materials returned to me held little disparity. Their beliefs and values are similar in many areas. Mary expressed

dissatisfaction regarding John's appearance, his behaviour related to birthdays and anniversaries, and his sexual attitudes. Mary likes men to dress up and to be well-groomed. She also likes emotionally significant days to be recognized with gifts.

She also expressed roles expectations of herself which include law school and children. I wonder whether she has considered the various demands these role expectations will place upon her and the timing of her family and career goals.

Third session - Couple I

John and Mary say they've enjoyed touching sometimes, but at other times Mary still finds it aversive. I ask if she is able to tell John how she prefers to be touched, but she finds this hard to do. This exercise is a good way to teach people to communicate about physical preferences, but Mary is feeling very inhibited right now.

John is asked how he feels about abstaining from intercourse. He says its O.K. I wait, but he doesn't elaborate.

I asked Mary if John understands her preferences regarding his appearance. She says yes, but he thinks its superficial and brings up many rational arguments against changing. He says he wants to be liked as he is. I ask him if he has considered that she may respond differently if he considers her preferences. He remains silent. I said that I felt that Mary liked romantic gestures in and out of the bedroom and that many women I've talked to express a desire for romantic behaviour such as gift giving and careful grooming.

Mary was asked briefly about their future plans. She's said she wants children and a degree in law. I asked her how she planned to time her schooling. She had assumed she could do both at any time. I suggested that a new baby and law school could be a strain and she might want to babysit

to get a feeling for the daily requirements of babies. She liked this idea.

It seems a good time to ask what happens when they disagree, because John has not responded in the way Mary would prefer in several areas. How does she handle this? When asked, Mary says she tries to explain her feelings and needs, but John gives her arguments about why his point of view is right and superior. She usually feels overwhelmed and cries. He comforts her and the issue is not discussed any more.

Mary is asked if she has ever been able to insist upon being heard and not cry. No. I ask John how he would feel if she did this. He looks very suprised and says I don't know if I could handle her being more like me. I ask him to explain further, but he just sits there looking dazed. I sit too and then quietly begin to work on this.

The counsellor explained how the over-control required to avoid any conflict can affect emotional spontaneity in a relationship. We discuss the need for emotional spontenaity as an aspect of sexual responsiveness. Both of them have very emotional facial expressions. I feel that they need to understand their fear of anger better. Our time is gone, but I ask them to write their feelings about anger, especially their fears. I also give them readings and questions about conflict resolution.

Mary called to say that they could not come the following week. They were ill for several weeks. The counsellor called them two months after the previous interview. Mary apologized for not calling. John had a new job and they were to move to Calgary in two days. Illness and time demands of school and work had made daily life a struggle she said. I asked to see them prior to their move so that I could evaluate the effects of their counselling experience. They agreed to meet in my office the next day.

Fourth session - Couple I - Final interview

In this final session each spouse was interviewed separately while the other completed evaluation materials. I spoke to Mary first.

Mary said that they have been preoccupied with the essential tasks necessary for their survival. John has spent long hours at his new job and she has had to do much academic work in a short period due to her illness. They have been avoiding anything stressful and just coping with economic survival.

Mary assessed her progress in counselling in three major areas: assertiveness with John, communication about conflicts, and sexuality. The first two areas were considered improved and the sexual area was considered the same in terms of behaviour but better understood. Other emotional problem areas which I felt were related to these problems were self concept, need for control, fear of spontenaity, and fear of unknown factors.

They have not done the relaxation and sensual enjoyment exercises or had intercourse since I last saw them. Mary feels that she is perhaps just too tense about sex for anything to help. I told her that fatigue and stress affect everyone's sexual responsiveness at one time or another and that she was also not considering that the unresolved emotional issues between herself and John could affect her. Also, they had not followed the program of sexual learning exercises. I strongly suggested that they find a marital counsellor in Calgary who also dealt with sexual dysfunction. I summarized for her what I felt had been learned about her difficulty with sex and she added some ideas.

Mary has no organic problems and was not tense when examined by a physician. Her problem seems to be caused by three factors: 1)training in childhood that sex is dirty 2)fear of loss of control which is also apparent in other areas of life 3)problems in her relationship with John such as discrepancy between them regarding the meaning and use of sex and her fear of dominance.

We talked about her early training that spontaneous behaviour was bad and that she must constantly watch herself because she couldn't be trusted to

behave well. This training still affects her. She prefers to be at home, is very uncomfortable with strange people and places, and wants to be able to predict what will occur. I related the fear of spontaneous and unpredictable behaviour to fear of sexuality and she strongly concurred that this hypothesis seemed emotionally real for her.

Mary says that things have changed a bit in her daily interaction with John. She feels she handles arguments a bit better and is more consistent in asserting herself when her feelings are ignored by John.

Mary says that John is not entirely happy with her new assertiveness, but she feels he is generally happier because tensions don't build up as they once did. She feels that he is freer to communicate things that bother him (he confirmed this) and that they are able to change constructively so that the same complaints don't continue to be problems. Mary felt that the readings on anger, communication, and conflict resolution were useful to her.

Mary was asked how she felt about leaving the university mid-year to go with her husband. She said only one of her courses was a full year course and that she could go to university in Calgary. She would not be able to get into the university there until fall (nine months away). She said leaving university didn't bother her at all, but her voice was tense and she was looking at the floor. I told her that it was possible to feel a sense of loss when you make a decision to do something that is good for your husband or for the relationship, but the feeling does not necessarily mean you are disloyal or don't love the person. Everyone has their own needs and desires and we all want to live up to our potential.

Mary stared at me for a minute and her face relaxed a bit. She asked if she could keep the readings and questions I'd given her so that she could use them to reflect on her counselling experience after they settle down in Calgary and I said yes. We said goodbye and she handed me the writings she and John had done regarding anger prior to their illness saying that they might be useful to me.

John said he was very tired today from the new job and from packing. I thanked him for taking the time to come by to help me evaluate his experience with this counselling method. He said he had wanted to see me before they left.

When asked how things were John said the sexual problem was the same, but they had not really been focusing much attention on it. He has decided to use self control to avoid pornography and has succeeded although he feels a strong desire to return to it at times.

Generally, he feels that he will enjoy the opportunities he anticipates in his new job. He is quite exhausted, but optimistic. I suggest that after he is relaxed in his new job he may wish to consider counselling again and I encourage him not to think that the sexual relationship is hopeless. I also mention that it is possible to find well-trained Christian counsellors and that he may want to find someone whose beliefs are similar to his own.

John said that he felt a need for reading materials that were more specific and contained definite beliefs about right and wrong. He said that the readings were vague and humanistic and that people could apply them as they saw fit in their own lives. He seemed to be asking for a more prescriptive approach. I asked him if he had read any Christian books on marriage that he felt were useful. He said he'd read them, but disagreed with most Christians also because they were hypocritical. I asked him what useful readings would contain and he said he'd have to write them himself because he'd never read anything that had helped him.

I told John that I felt that perhaps he had not benefitted very much from the counselling program, but he disagreed. He said that when he spoke with me or with his wife and me together he had to examine his ideas and that this had been very valuable to him. He felt that the reading activity was similar to the way that he thought when he was alone and did not provide him with anything new.

We spoke about his wife's fearfulness and very controlled behaviour. John was told that he might benefit from considering why he chose her and why he adjusted so well to her fearfulness. We talked about his dominance in arguments. We talked about his persistance in being rough when they play around physically although she dislikes it. We talked about Mary's statements that he always wins these little games by physically dominating her. John was told that a person who feels dominated may not wish to be sexually responsive because their own body might seem out of their control and that he might want to consider this as a possibility (Mary says that being out of control is very frightening to her). We discussed financial responsibility and security as a strong need that Mary has. John was told that she might find it easier to relax if the very real economic factors she worries about were managed well and the fears which she must confront had less basis in reality. One way to structure this is a budget which is respected. John nodded and looked interested.

John said that the counselling had been useful and that he wished they had seen me more frequently. This was found this strange since they had stopped coming in and had not called to rebook in two months. The counsellor again suggested that they find someone they were comfortable with in Calgary.

Wife's Assessmentt of Marital Relationship Prior to Treatment

Question: "Tell me about your marriage and your relationship."

Response: It seems to me that we so far (9 months yesterday) have a very happy and satisfying marriage. I love John very much and enjoy being with him more than anyone else I know.

I can talk to him about mostly anything that is troubling me and find it very easy to cry in front of him (which I have a tendancy to do.)

He is a wonderful, caring, loving man and treats me as something very special. I always feel loved and protected in his presence.

The problems we seem to have are very minor ones. We "play" a lot - too much it seems sometimes. Always kidding around and joking about everything. This is a very special part of our relationhip - that we can laugh with each other so easily. But sometimes I find it a bit frustrating that we aren't more serious around each other as I see some couples are. This may change now that we're both at school and will have a lot more ideas in our heads. Also we may be still in "honeymoon stage."

I think our sexual problem is the only thing in our marriage that gives us problems.

I believe that the problem is mine - I don't know why, but I don't like sex. Before we were married we did not have intercourse but went as far as heavy petting. It was very good then. About a month before we were married I started to lose interest in any kind of physical-sexual contact. And now I'm at the point where I don't even like to be touched sexually. We have a wonderful affectionate relationship - I love to hug and kiss John but anything more than that is distasteful. We have had sex once in the past month. John is so good about it. He doesn't <u>ever, ever</u> make me feel guilty or like I'm a bad wife, etc. We have talked about it so much and come to many different conclusions but after these talks everything seems to just be the same. I love

my husband very much. I love doing things to make him happy. This is the only part of our marriage that worries me. I believe it is an important part or a marriage to have a healthy, passionate sexual relationship, and when we have a family it is even more important - because our relationship will influence them a lot.

We have best friends in our apartment building that we've known for about three years. They were married a few months before us and have had a stormy marriage so far. And yet - according to Ann (wife) they have a very good sexual relationship.

I am very happy that the only area of communication problem in our marriage is sexual - otherwise we are getting along fine and have had only one real fight in 9 months.

I would far rather have it this way - than as our friends marriage is (just the opposite) and yet I long to feel the passion for John that I felt when we were going out.

I want our married life to grow and to be healthy and strong and secure. I know we were meant for each other. He is everything in the world that I love. I really hope that these sessions can help us in solving our problem, as well as furthering our love for each other. Some possible conclusions we came to about our sexual disfunction:

1. Self concept problem (mine).
2. guilt about previous premarital sexual relationship with each other.
3. certain things that John does sexually that don't turn me on.
4. the pill - lack of drive.
5. painful intercourse in the beginning turned me off to it.

Wife's Assessment of Marital Relationship After Treatment

Question: Describe your relationship at this time.

Response: Generally very good, except for the sexual aspect. We try to

respect each other's wishes and desires. We really love each other.

We're getting better at sharing disagreements and risking anger and frustration - knowing that its best to speak openly. Thanks for helping us in these areas Susan.

Husband's Assessment of Marital Relationship Prior to Treatment

Question: "Tell me about your marriage and your relationship."

Response: Concerning our marriage.

My relationship with Mary is an enjoyable relationship in most respects. Some of the positive aspects are; that we are able to joke around alot (sometimes too much) and can usually be quite congenial toward one another. We are able to apoloize quickly after an offence has occurred, so that there are not any long held grudges, or revenge plans. We both get along with both sets of parents and family, and both share an appreciation of them.

The main problem in our marriage concerns sex. It seems to me that Mary is very upset about how she <u>is</u> sexually, and doesn't think that she pleases me as a wife-woman, because of her sexual state. I generally try to repress or overcome tensions that I have because of infrequent sexual encounters, and try to rationalize the problem away, and assure Mary that I love her. But, I do get frustrated, and Mary probably notices and feels pressured. I have a sexual problem also: namely that I always have orgasms before Mary does. In fact I don't think she has ever had a vaginal orgasm, and I find it frustrating that I can't give her one at the moment. So whenever we have sex, it seems like a defeat to me. I don't lose all hope though, as Mary does receive pleasure (orgasms) via clitoral stimulation, so I don't feel totally helpless sexually.

Mary and I are usually honest about what is bugging us, with one another, but I think we can grow alert in that area; how to share negative things kindly.

As a whole, I would like to see Mary enjoy sexuality more, and myself become a more competent sex partner. I think we are both very interested in growing in all other areas of communication as well.

Husband's Assessment of Marital Relationship After Treatment

Question: Describe your relationship at this time.

Response:

Our relationship at this time is on a kind of a plateau. Things are going along without too many changes. We have not had sex for months and it would seem that this will be the case for many more months if not years. This is hard to handle when I think it's time for sex. But it is a challenge for me, to help this woman relearn her sexual identity in a positive manner; I think the wait will be worth it.

Mary is concerned about us, and I am concerned about Mary, so because we care about each other things are going fine.

LOCKE-WALLACE MARITAL ADJUSTMENT SCALE

COMPARISON OF SCORES BEFORE AND AFTER TREATMENT

	Pretest Score	Post test Score	Change	Significance (S.D. = +/-15)
Mary	108	101	-7	no significant change
John	116	93	-23	-1 S.D.

Conceptual Change Evaluations of Couple I: a summary

Changes noted in the analysis of the conceptual assessment post-test of the wife included:

1. fewer judgmental statements
2. fewer references to need for approval from others
3. references to more assertive behaviour with her husband when she is distressed and fewer references to feelings of helplessness
4. mention of her thoughts affecting her emotional states
5. acknowledgment that her expectations of herself cause her difficulty.

No positive change was noted and difficulty persisted in:

1. lack of reference to areas of conflict such as sexual values
2. avoidance of recognition of her husband's fear of failure in work and sexual situations.
3. avoidance of consideration of her husband's desire to be emotionally dominant in the interaction and her distress over this.

There were few changes noted in the conceptual assessment of the husband. A general trend toward more rigidity and avoidance of the problem areas in the marriage was noted. Fatigue during the post-test may have affected the responses. Some attitudes noted were:

1. dislike of ambiguity and preference for absolute answers.
2. avoidance or denial of areas of conflict in the marriage
3. previously mentioned concerns about personal adequacy (in intelligence and sexual performance) were not referred to.
4. there were references to depression over expectations of himself and behaviour which conflicts with those expectations
5. a belief that sex was a poor way to show love was expressed
6. in the post-test he said that his wife alone had sexual difficulties. There was no mention of premature ejaculation and no awareness of mutual responsibility for the sexual interaction.

Client's Evaluation of the Counselling/Reading Method: Questionaire

Evaluation of Wife - Couple I

This is an attempt to find the most effective form of help for other people. I would appreciate knowing what you feel about your counselling experience.

1. When you consider the two aspects of your counselling (reading/question response and personal contact with your counsellor) please think about the relative value of each and choose the statement that best describes your evaluation.
   a. Both were of about equal value to me.
   b. I felt that the readings and questions were the major source of help.
   c. I felt that the personal counselling was the major source of help.
   d. Use personal counselling without readings and questions.
   e. Use readings and questions and don't use personal counselling.
2. Which readings or ideas contained in the readings do you consider most important and helpful?
   ways to deal with conflict, a reading about anger, the readings about sexuality.
3. If you were to design a counselling program similar to this what suggestions would you offer to make it more effective?
   Better contact between you and us.
   More communication.
   Not such a big gap between sessions.
   More individual counsel rather than couple.
4. Are there aspects of this form of counselling that you found effective and would not change?
   The individual sessions and also the sessions with both of us.

Evaluation of Husband – Couple I

This is an attempt to find the most effective form of help for other people. I would appreciate knowing what you feel about your counselling experience.

1. When you consider the two aspects of your counselling (reading/question response and personal contact with your counsellor) please think about the relative value of each and choose the statement that best describes your evaluation.
   a. Both were of about equal value to me.
   b. I felt that the readings and questions were the major source of help.
   c. I felt that the personal counselling was the major source of help.
   d. Use personal counselling without readings and questions.
   e. Use readings and questions and don't use personal counselling.
2. Which readings or ideas contained in the readings do you consider most important and helpful?
   Nothing was particularly striking.
3. If you were to design a counselling program similar to this what suggestions would you offer to make it more effective?
   Similar, but more interaction with the couples or persons involved.
4. Are there aspects of this form of counselling that you found effective and would not change?
   Yes. The conversational approach with both couples.

General Descriptive Data - Couple II

names: Joan and Arnold

ages: Joan, 45; Arnold, 42

children: one three year old boy and a grown son of Joans from a former marriage. Joan also has an adult daughter in Georgia.

length of marriage: almost five years.

occupation: Joan is a mother and housewife and was previously a bookkeeper. Arnold works in telecommunications.

education: Joan went to high school and completed one year of community college. Arnold completed high school.

beliefs: Christian

places of origin: Joan came to Edmonton from a small town in southern Georgia. Arnold grew up on a farm in rural Alberta.

Case Notes

First session, Couple II:

Joan has become very unhappy and nervous. She has an ulcer. She says that there are three aspects of her life that are causing her difficulties: adjustment to parenting a small child again, adjustment to Canada (she's from Georgia), and the nature of her interaction with her husband.

The circumstances of the past few years have made it difficult for Joan to see herself positively. She was considered an exceptionally good employee in Georgia, but had problems in her first job in Alberta. Her husband, a bachelor for almost 40 years, seemed to have different and set ways of housekeeping when she moved into his home. She felt that her well-developed skills as a homemaker and as an employee were not valued. Also, her social skills were developed in a very different environment and she felt awkward and different in Alberta. She was not enthusiastic about having another child, but did so because she felt her husband wanted a child. She felt guilty about her resentment. She became nervous and was given medication which she reacted to very badly. She has sought help with another counsellor and through a reality therapy research project. She has a warm manner and expresses her emotions clearly.

Joan is having trouble with her sense of self. She is very reliant on her husband's expectations as a guide and yet she resents him for having so much power in the relationship. Her ambivalence confuses him. Joan worries about her housekeeping and feels guilty about very small expenditures for her own needs. Although she controls the budget and her husband has an allowance for personal needs she doesn't. Her husband never spends his allowance and she feels that his extreme frugality is the model she's expected to follow.

Joan says she needs to find out who she is. She also seems to need to express and meet her own needs. She feels that she's spent her life caring for others and badly needs to consider her own needs. This is why

she finds having a small child so hard at this time.

Joan mentioned her husband's reluctance to let her change his home so that her tastes were expressed in her daily surroundings. She also mentioned that he would "forget" promises that she could personalize the house.

Arnold realizes that Joan is unhappy, but has found dealing with emotions hard. He says he has let her go out to get counselling and then takes in everything she says. He feels that he has been passive, but benefits from her courage. I told him that I felt he'd made a choice to listen and try to learn and he also chose an emotional woman. After he thought for a moment he smiled. He feels that he gives her "permission" to do a lot of things.

Arnold feels that Joan is expecting him to meet all of her emotional needs and to make her happy. He says he's unsure of his own expectations. He feels that their initial romance (on a European tour) was not in circumstances where they could realistically assess their compatibility. One of his test responses indicates that he feels he may have chosen the wrong mate. Still, he says she has been very good for him emotionally.

Goals they both mentioned were defining and comparing expectations, increased communication and a "deeper relationship." Reading and questions on positive self-concept as a key to communication given. Reading on expectations and active listening will be given soon. (See the list of changes in behaviour and attitude developed for each spouse to clarify expectations).

Second session, Couple II:

The self-concept readings were given last week. Although the question responses were not returned this session, both Joan and Arnold seemed to be focusing some attention on their feelings about themselves.

Joan identified a number of situational factors which she feels affect her self-esteem. They were:

1. Feels the young Canadian women in her neighborhood are different. She

doesn't feel close to them. Feels this reduces her sense of self-esteem.

2. Good bridge player. Gets positive feedback.
3. Bad work experience. Says that now her "self-concept is too low to work."
4. Feels husbands attitude about housework lowers her self-esteem.

Joan has taken a course called 'Who Am I' twice. It used the idea of the self-concept. She seems to have developed the idea that the self concept is totally reliant on feedback from others. This seems to put her in a position of vulnerability and helplessness in relation to other people. She does not consider her interpretations of events as a factor. An example of this problem is:

Event	Interpretation	Reaction
Husband doesn't respond when she cries	I must not be important to him; therefore, I'm not important	Feels lowered self-esteem

Joan and Arnold have had some conflicts in the past over Arnold's avoidance of sensitive subjects and his forgetting of things that were important to Joan (such as agreements that she could decorate the house). We discussed the problem and Arnold agreed that Joan could remind him the next time. I suggested to them that Arnold could be forgetting things that are stressful to him. He felt this was likely and Joan was relieved. She says he has denied past agreements she clearly remembered. She had begun to doubt her own memory and found the situation disorienting.

Joan feels that the interation with Arnold is unreal. She feels a lot of tension that she doesn't express because she is afraid she will hurt him. Joan blames Arnold for her unhappiness, but she is also aware that he has many positive qualities. She feels guilty when she complains. She says she wishes he would complain sometimes. Arnold says that Joan is very sensitive to any

remark which could be construed as criticism. He feels that she is very hostile when he expresses any dissatisfaction.

Arnold says that the wall that Joan feels between them gets bigger when he feels pressured to make her happy. He feels that he is being asked to be responsible for her emotional states and the burden overwhelms him. He avoids interaction and reaction to her in order to avoid pressure to feel responsible and guilty regarding her unhappiness.

Arnold seems to avoid emotionally intense situations. He was a bachelor approaching middle age with virtually no provious involvement prior to his marriage. The emotional intensity has been both rewarding and overwhelming. Arnold feels that his habitual isolation was developed in childhood. He was orphaned and left with relatives who didn't want him.

Gave reading on emotions (identifying and expressing understanding why we feel strongly about some things) to Arnold with questions. Gave reading on expectations to Joan. I asked Joan to do the exercise on changing the self concept which she had not completed. Some areas I felt she might consider changing are seeing herself as:

1. strong and able to handle negative feedback.
2. competent as a housewife and mother.
3. valuable (deserving rewards, and self-development)
4. sane even though she has strong emotional reactions.

Third session. Couple II

Joan was sick (sneezing and hoarse) tonight. She looked very overwhelmed. She said she couldn't rest because of her child. She seems to feel guilty because she resents him and her attempts to compensate involve constant involvement with her son. She seems to feel that she must try very hard or she will be a terrible mother. [She says the idea that a good woman is self-sacrificing is part of her cultural background (southern U.S.)]. She

ventilated a lot of frustration tonight. Most of the ideas involve blaming her husband and environment for her misery and feeling she is helpless. She believes that women should be taken care of by a strong man and that women are fragile creatures whose delicacy should be respected (another belief we both felt was common to the south). Joan feels very trapped. This is not surprising given the way she sees the world. She usually reacts automatically to her situation without trying alternative behaviours and interpretations of events. Unfortunately, her fatigue makes innovative approaches to problems very hard. She says she needs time for herself. (Her awareness of her own emotional states is an asset). Joan badly needs to change her perception of herself as helpless. The anxiety she feels is affecting her health (she has ulcers) and her relationships.

Joan has talked and written about Arnold's lack of reactivity to her. She says he doesn't seem all there and that she feels she lives in an emotional void. We talked about this problem as Arnold perceives it.

Arnold feels that the problem originated in his childhood. He remembers being alone crying in the chicken coop because he was made to feel that he was a nuisance to the people who raised him after he was orphaned. The hurt was so great that he pushed down his feelings and he remembers not reacting after that. The rejection and vulnerability he had felt was overwhelming to him as a child. I asked him if I could guess what the feelings were that made "the wall" Joan feels. My interpretation was:
"If you don't need anyone too much or get too involved then you won't get hurt or miss what you don't have."

Arnold reacted by crying and shaking. He talked about feeling dead inside and the fear he has had of the consequences of being involved with people. I asked him if he was always careful not to be any trouble to his relatives. He said he never felt safe enough to have bad moods. "They acted like I was lucky to be fed."

Arnold feels that he needs to talk a lot to learn to express himself again. He's also afraid of finding out about himself and perhaps finding that he's not a "nice guy" as everyone believes. He indicated that he was thinking about long term counselling to explore some of these issues.

Arnold wanted reassurance from Joan that she wouldn't leave him if he began to express his feelings freely. She did reassure him. She said she would be relieved if he showed his feelings and that "living with a saint" makes her feel inadequate.

They seemed relaxed and optimistic over the emotional intensity they experienced. As they were preparing to leave I gave them some articles and questions to work on at their own pace (topics: active listening, conflict in marriage).

Fourth session - Individual Counselling - Couple II

Joan has been feeling very upset and pressured. She's packing for a vacation and is increasingly upset when her young son interferes with her work. The child is three and a half years old.

Joan has great difficulty finding time for any activity which does not include her son. She says she feels very guilty when she wants time for herself. Her general feeling of guilt about her resentment of child care responsibility affects the way she deals with the child's demands. She often lets him do whatever he likes if he cries or pesters her; thus, reinforcing his demanding behaviour. Feeling overwhelmed and exhausted, she has decided to put her son in play school four mornings a week beginning in September. Remembering her own childhood and her resentment of her mother's absence, she feels guilty.

In her writing Joan expresses a strong need for time for herself and for activities to enhance her personal development. I encouraged her to try to structure her daily activities to allow for this personal time. I also asked her

to consider the positive effects that her personal sense of well-being could have on the child. I asked her how she felt about the development of her older children and how she thought her working affected them. She spoke of them with pride and felt that they had shown no signs of neglect.

Generally, Joan finds her daily life and marital interaction unsatisfying. She is very depressed. She places total responsibility for her depression on her situation (young child, foreign country) and her husband's behaviour (lack of responsiveness). Joan wants a very high level of positive feedback from Arnold and her acquaintances. She feels "put down" most of the time in interactions with people. I feel that she is so dependent upon the approval of others because she has a low opinion of her own worth.

Arnold is very frustrated with Joan for blaming him for her troubles. He finds her frequent guilt and anxiety disturbing. He says that the way she interacts with their child encourages the boy to be demanding and that he does not have similar problems with the child. Arnold has mentioned these things to Joan but has not really told her how frustrated he is. He says he has been trying to keep things calm and "not rock the boat," but he knows that the situation is deteriorating. I pointed out that his current strategy has not been successful and he agreed.

Arnold discussed moving to the United States. Joan wants to live there and he does not object to moving. He will look for a job while on vacation next week in New Mexico. Resumes have not produced a job offer.

Arnold sounded concerned about Joan's dislike of "his" house which he purchased prior to the marriage. Although he has offered to let her choose another house or redecorate she rejects his offers. He sees her refusal to attempt a constructive change as part of a pattern, but feels that he would be hypocritical if he judged her for her behaviour. He also finds it hard to make changes that could be beneficial and he sees a similarity between his wife and himself.

We spoke about Joan's twenty year old son who lives with them. Arnold is very proud that he recently told the young man that he disliked his refusal to help in the house. Arnold was very angry in this exchange. He feels that Joan's son respects him more now. Practically, little has changed in the young man's daily behaviour. Arnold feels that having to enforce the performance of regular chores would entail unpleasent encounters and make daily life more traumatic. I suggested that the feeling of being overloaded with trauma might be alleviated after the initial tension because the daily workload he and Joan are managing would decrease. Fewer tasks would give Joan more time for herself. He agreed with my assessment.

Arnold talked about how hard it is for him to risk being disliked. He says everyone likes him, but no one really knows him. He has no intimate friends, only acquaintances. He says he keeps people at a distance.

Arnold says Joan gives him a lot of positive feedback, but he finds it hard to praise her or other people. I asked him if he could try praising himself i he's pleased with something he has done. I suggested that this practice could make it easier for him to encourage other people. He felt that praising himself would be very difficult. He finds this sort of interaction unfamiliar as he was rarely encouraged as a child.

Arnold and Joan will be away on vacation for three weeks. They will take some questions relating to readings they have completed as they have not completed the written aspect of the marital counselling program. I offered them materials on sexuality. A relaxing vacation can be a good opportunity to explore sexuality. There were sexual concerns mentioned in the conceptual assessment they completed prior to counselling.

Fifth session, Couple II
(after return from three week vacation)

Joan was extremely upset today. She feels that Arnold's lack of responsiveness and her daily life with her son are intolerable. She dreads the

harsh Alberta winter and wonders how she can cope. She feels fragile and easily upset.

Joan's complaints and attitudes toward her life have remained the same during her vacation, but her frustration has intensified. Although talking seems to give her temporary relief from tension she reruns the same issues with minimal insight. I feel that she needs to consider alternative ways to see her situation. She could also benefit from consideration of how she structures her daily activities and what she does (or could do) daily that she finds personally satisfying.

Joan still blames Arnold for her unhappiness. She wants frequent positive feedback from him and reacts very badly if he has little to say. I suggested that there were two aspects of her complaint:

1. Arnold's lack of responsiveness and quick withdrawal and his tendency not to make positive statements, and
2. Joan's extreme need for approval and anger when she doesn't get it.

I told them that I believe that relationships work more effectively when each person feels that he is responsible for his own attitudes and behaviour. In the past they have tried very hard to make the other feel good by avoiding doing anything that could possibly upset the other. Joan has called the emotional atmosphere stifling. Arnold said tonight that he's tired of "walking on eggshells." We agreed that a more direct approach to problems, less second guessing and less fear of offending would be beneficial.

Arnold's withdrawal is very automatic for him as a way to avoid conflict. When he interacts with Joan however this coping mechanism creates conflict. We discussed how maladaptive this familiar habit is in the marriage and in some other situations. Joan gets very emtional to try to force a response, but when Arnold withdraws under pressure she gets even less responsiveness. Joan is very frustrated and talks about giving up. Both of them were encouraged to be aware of the usual interactive pattern and to attempt to change their own behaviour. Awareness of the reaction of the other minute to minute and

avoidance of habitual patterns was stressed.

Joan anxiety over the approval of other people seems to have increased during her mother's extended visit. Joan feels that her mother has always disapproved of her. In contrast, her mother frequently makes very positive remarks about Arnold. We talked about the coping skills that Joan has as an independent adult and what she can do when her mother disapproves of her which she would have been afraid to do as a dependent child.

Joan still talks about the house not being hers. Arnold again offerred to either sell this house and let her choose one or to give her money to redecorate. She declined both offers. She says she doesn't want to involve herself with a home in Edmonton. She wants to live in the southern United States and prefers small towns. Arnold has sent many resumes and looked for a job in New Mexico while on vacation. He has found nothing. The failure of this recent effort undoubtedly disappointed Joan and this may be a factor in her increased anxiety and feelings of entrapment.

Her daily life with a small child, few enjoyable social contacts, and little intellectual stimulation is not satisfying. She does not want to work because of guilt over leaving her child and because she feels that she couldn't cope with a job in her current emotional state. I suggested that she begin to consider her alternatives for changing her daily life. I asked her to think about things that she does which increase her sense of well-being. She knows that her continual presense at home in her current emotional state is not good for her child or herself.

Joan says she has sacrificed her freedom in middle age to bear her husband's first child. She felt that she should do this as a loving wife, but feels trapped now and guilty over her resentment. Arnold says he takes over the child care in the evening. He feels helpless in the situation and asks, "What can I do?" I asked Joan what she wanted him to do. She said he should show appreciation for the efforts she makes in a difficult situation. She also wants him to appreciate the sacrifice she made for him. I mentioned

(as gently as possible) that she had chosen to have the child, but expects Arnold to take responsibility for her choice. There was no coercion from Arnold.

I sense resentment from Joan when I point out her responsibility for the choices she has made. Arnold looks relieved and encouraged during these exchanges. Joan also looks annoyed with me when I express concern about some aspects of her behaviour such as refusing to believe Arnold when he tells her she has misinterpreted his motives. She seems to feel attacked and unsupported. I am concerned about her misery and her low level of motivation to improve her situation. She feels overwhelmed and lacks the emotional state she needs to be reflective and consider other alternatives. My approach will be to encourage her and affirm her personal competence. If she feels safe and capable it will be easier for her to face the destructive aspects of her behaviour.

Arnold asserted himself over some disparaging remarks Joan made today. She said she had to think for him and push him to do things. She said she wanted someone strong and he was weak. Arnold was angry. He said bluntly that he could think for himself. He refused to tolerate her degrading remark, but he listened to her complaint. He acknowledged that he tends to be unnecessarily cautious and slow to make decisions or act on them. His emotional strength and honesty in this situation seemed to represent the character which Joan has referred to when she talks of Arnold's decency.

Joan looked calmer after ventilating her feelings today. Arnold said that he could feel positive effects at home which he attributes to their counselling experience. Arnold smiled several times as they prepared to leave. I feel that he is making some progress in self-expression, but Joan still cuts him off mid-sentence and insists that her interpretations are correct even when he says she has misread his feelings. He is not expressive facially when they interact. Possibly he is suppressing anger. Joan speaks of the wall between them, but does not realize that her behaviour is sometimes very destructive. She blames

him for her unhappiness and tells him he is an ineffectual person. If he allowed himself to react he might get angry or feel hurt. He seems to fear that Joan will reject him if he responds.

There is little time left in our time-limited counselling program. The counselling process has been interrupted by a vacation and some of the issues we dealt with today were repetitive of the session prior to the vacation with little progress toward resolution. There is a noticable increase in Arnold's affect and assertiveness.

I have been assessing the question responses which correspond to the reading material and my notes. Joan and Arnold seem to have a fragmented view of their difficulties. Next week I plan to give them an itemization of some issues each has raised so that we can systematically consider alternatives to resolve these difficulties.

They mentioned that they read the sexuality materials but have not written out the question responses related to these readings. They have not answered many of the question responses although they express enthusiasm over the content of the readings.

Joan feels that their sexual problems are primarily a result of emotional concerns. She is also very irritated by Arnold's lack of personal cleanliness in the genital area.

We concluded that other problems were more critical now and that the sexual attitude assessment was clear enough that they could work on this together later if they want to. They were pleased that they would be able to keep the reading materials for future reference.

Joan wants:

1. Frequent praise

   How often?

   Regarding which attributes?

2. To be comforted when upset

   The behaviour Joan wants is . .

3. Feedback and emotional reactions from Arnold when she talks to him.

   Is Joan willing to ask for this when she doesn't get it or remind Arnold that he is not responding?

4. Time for herself without childcare or housework to worry about

   How much per day?

   How can this be arranged?

5. Spending money for personal needs which is not accounted for (for things such as cigarettes, makeup, etc.)

   How much a week?

6. Better personal hygiene from husband.

   What would you like him to do?

   How often is each task to be done?

7. To be able to tell her mother when she's interfering and not feel guilty if she acts wounded.

   Define areas where her behaviour is annoying

   Practice what you'd like to say.

8. Move to the U.S.

   How would this be accomplished?

   Are there any other approaches you haven't tried?

9. Feel that she's in charge of the home. Wants to: a) decide how tasks are done. b) Feel she can decorate as she wants to express her own tastes. Arnold seems to have given total approval in this area. Can you decide what you want to do now?

10. Joan wants Arnold to make a conscious daily effort to be less withdrawn.

11. She would like Arnold to pay attention to her and try not to block out upsetting occurances. She would like him to work on remembering emotionally significant events.

Arnold wants:

1. Joan to take more responsibility for resolving her emotional difficulties. He would like her to:
   a. Stop protecting him and give him her true feelings.
   b. Complain at the time that a problem occurs.
   c. Set reasonable limits with Stuart (their child) and stick with them. Examples
   d. Expect consistent help at home from her adult son.
   e. Use her own strength and personal resources instead of expecting to be rescued (unrealistic romantic ideal)
      Examples:
   f. Believe him when he says her interpretations of his behaviour are wrong.
   g. Respect his feelings and attempts at personal development.
   h. Encourage him when he tries to express feelings that could upset Joan such as anger, frustration, or disappointment.
   i. Stop blaming him for the pressure she feels over her own expectations of herself.

Most of what Arnold wants involves attitudinal change; however, any concrete examples of changes in behaviour can give Joan something specific she could do.

Sixth session, Couple II

This was a productive week for Joan. She made progress toward two goals 1) to interact differently with her mother and 2) to personalize her home. She spoke out when her mother criticized her and later ignored the phone book her mother left open showing the airlines (she felt this was a hint that mother might leave and an attempt by mother to induce guilt). Joan also chose the furniture she wanted according to her own needs and tastes (even though her mother preferred different items). Joan spoke about the way that she handled these incidents with obvious pride.

The week was also very frustrating for Joan. She was not able to handle a problem at their bank successfully. She became upset and asked Arnold to handle it. She was unsure whether her complaint was reasonable after the person she called at the bank was sarcastic with her.

Joan says that Canadians are different from people in the southern U.S. She feels that she cannot communicate with Canadians or comprehend their reasoning. I told her that I also recognized differences but do not feel that this is the only source of her anxiety. Her poor self-concept, general emotional discomfort, and tendency to expect a negative reaction may increase the likelihood that people will respond negatively to her. If she continues to perceive all of her problems as resultant from her environment, she will not feel that she can alter her anxiety. Her present physical health (ulcers, chain smoking) reflects this anxiety. I explained to her the association between feelings of helplessness, anxiety, and her symptoms.

Joan said she was tired of struggling and mentioned suicide. She had no suicide plan. She spoke of plans she has for her home in the future. The general impression from her overall affect does not indicate a high risk of suicide. She has some depression, low frustration tolerance at times, and fatigues quickly. However, she is usually realistic in her assessment of her own problems, rarely defensive when irrational thinking is exposed, and has an

ability to laugh. She was given as much positive feedback as possible today (she asks for this). We spoke about things that would give her hope and a sense of well-being. I told her that I felt it was critically important that she identify things that give her personal satisfaction and do them. Joan has been a self-sacrificing person all of her adult life. She feels very emotionally depleted. We talked about new ways for her to organize her daily life. She does not want to be alone with a small child all day, but feels guilty about leaving her son. We talked about how she always compares herself to her ideal woman (who would stay home). We talked about her son's needs for a happy mother rather than a dutiful, self-sacrificing, depressed mother. She said her husband would disapprove if she put her son in day care. I asked him how he felt. He felt that both she and the child might be happier if the child was in day care.

Joan once spoke with great resentment about a negative remark her husband made when she wanted to do volunteer work. I asked her if she still wished she had done it. She did. He wished she had too. I suggested that she could call the Volunteer Action Center. I told her that someone with her skills was very valuable and that I could give her a reference.

Joan has difficulty asking for good treatment for herself. She mentioned being a "doormat" in her previous marriage and a good woman who did her best in bad circumstances. Her image of a good woman seems to involve martyrdom. She doesn't believe that she deserves anything good. There was some possibility that her new husband's consideration could be causing her anxiety because she may feel she doesn't deserve it (a hypothesis she indirectly suggested herself). Frequently, Joan has explained problems with her husband that could have been avoided if she had told him what she needed from him at the time. The only way that she gets what she wants (most of the time) is when he voluntarily anticipates her wishes.

Joan was raised to believe that she had no right to like herself or be pleased with herself. Illustrating this she says her mother recently criticized her

for praising her son in front of him. Joan insists upon raising her son to believe he is likable. Unfortunately, she is still struggling with her previous conditioning and has difficulty nurturing herself as she does her child.

Joan avoids dealing with people other than family and friends. She sees herself as fragile (a southern female stereotype). She fears she would lose her sensitivity if she became assertive. Her stereotype of female independence involves negative, abrasive behaviour she finds distasteful. We talked about the difference between realistic understanding of one's fallibility and crippling self-doubt. I suggested that quiet respect for your personal strengths was not abrasive to anyone and Arnold strongly supported this idea. He feels that he has been able to develop confidence in himself recently with many positive responses from other people. Joan was very thoughtful and looked happy. Developing an appreciation for her own strength and assertive behaviour needn't conflict with the sensitivity and the femininity she values in herself. This way of seeing herself seems to have provided an important alternative for her.

Joan has been harboring many old resentments from the early days of the marriage. I asked her what she wanted from Arnold in order to resolve this pain and suggested she speak to him directly. She asked him to explain why he did these things because she has felt that he intended to be cruel. I asked her to choose an incident so we could practice resolving it. I used a method Joan learned in one of the articles she read. The purpose was to show her how her own feelings influence her interpretations of her husband's behaviour.

Event	Interpretation	Consequences
Arnold bought one bowl of borscht at a food fair. He gave Joan a taste. She said she liked it. He ate the rest. He did not offer to get her some soup.	a) "I'm not worth 60 cents to him." b) If I'm not valuable to him I'm not valuable.	a)Felt hurt b) Felt worthless c) Resented his behaviour for five years.

Arnold explained that he was not accustomed to having anyone else to consider. He did not think about her financial dependency. He regrets the pain his social clumsiness caused. It never occurred to him that she felt embarrassed about her financial dependency and would not ask for what she wanted. He also reminded her that he had just spent a large amount of money to bring her to Canada prior to the incident. Joan was very attentive when Arnold spoke.

I explained to Joan that only she can interpret or give meaning to an event that she experiences; therefore, her interpretation is her responsibility. Arnold's intent can only be verified by asking him. Joan can do two things to avoid unnecessary pain in other situations: 1) check to see if her perception is accurate 2) ask for what she wants. Arnold can 1) work on seeing himself as a partner in a relationship and attempt to consider Joan's feelings and needs. 2) He can also attempt to alter his habitual reticence about giving positive feedback.

Arnold credits Joan with teaching him to be more assertive. Joan expects men to be strong. Although she usually does not acknowledge her strength Joan has and can teach assertive behaviour when she considers it useful.

Our last meeting in the counselling program is scheduled for next week. This session has been involved and lengthy because I wanted to encourage resolution of some of the reoccurent problems we have encountered. I gave both Joan and Arnold the two lists itemizing the changes each wanted in the relationship. I asked that they specify behavioural changes which would satisfy them whenever possible. They will discuss both lists together at home and clarify behavioural objectives when appropriate. They will have the opportunity to work out any problems during our final meeting.

I asked about the effectiveness of their counselling and reading. They felt that both aspects of the counselling program had been useful. Arnold said that their daily lives had changed significantly. He attributed the improvement to their counselling experience. Joan concurred. I mentioned that motivation and involvement are essential for counselling to succeed. I wanted them to realize that they were not passive recipients of a process and that they can affect the quality of their lives.

I requested that they tell me how they felt when they read the materials and answered the questions. Joan said that the readings had a personal impact on her but her desire to reflect upon the material made rapid reading impossible. She would have preferred a slower pace with readings included as part of long-term counselling. Joan found the questions requiring application of the concepts to her personal life very time consuming. Her child often wanted attention while she was working on the questions. Her guilt about resenting the child and self-sacrificial ideals have made taking time for self-development very difficult. The performance pressure she experiences regarding housework and care of the child is debilitating. Joan's depression has reduced her available energy. She often has difficulty coping with daily responsibilities and feels very inadequate. The additional burden of incomplete homework seemed to be potentially damaging so I decided to make other arrangements to suit the needs of the clients. Arnold had taken over many tasks in the evening because of Joan's low energy level and had not completed the numerous self-assessment questions either. Both Joan an Arnold read all of the materials with enthusiasm

and looked over the questions. They answered some questions. They wanted to keep the readings and asked for any other materials I might have. They find the content of the readings usually addresses the issues that concern them. Their plan is to read slowly and refer back to the articles over time, reflect on the material individually, and talk together about it.

In order to obtain an assessment of the learning achieved without the question responses I asked them to think about the articles and to write down the things they learned that were personally significant and useful. They felt that this would not be burdensome and would help them to assess their own learning.

Both Joan and Arnold have made substantial progress in a short time but are concerned about maintaining their new perspective. Personal issues which they would like more help with include Joan's low self-concept and lack of assertiveness and Arnold's habitual shutting off of emotions and need to understand his emotions. We discussed alternatives for additional counselling. Next week our final interview and post-testing for this counselling project is scheduled.

Seventh session, Couple II

This was our final session in our time-limited marital counselling program. We dealt with any ongoing concerns either Joan or Arnold wanted to raise. They gave me some feedback about their counselling experience and we attempted to consider their current feelings and needs. Finally, they completed the post tests and other written evaluative materials.

Joan was feeling strong and pleased with her week's accomplishments. The new furniture she chose arrived and everyone who had expressed doubts about its suitability agreed that her choice was excellent. She also rearranged her home to suit her daily needs. Joan seems to have made this house hers by involving herself in changing it to reflect her needs and tastes. Her active involvement indicates a greater feeling that she can affect her own sense of

well-being. (She was unwilling to do anything to improve her dissatisfaction with the house several weeks ago).

Joan reported satisfaction with the way she deals with her mother who is visiting. Joan has been actively attempting to change her feelings and behaviour regarding housework while her mother tries to re-inforce the same attitudes Joan wants to change. These attitudes include pervasive guilt about unfinished chores, feelings of inadequacy, and inability to relax and enjoy daily interactions. Joan described her mother clearing breakfast dishes while Joan still was drinking coffee. Joan said she'd do it after coffee. Mother kept clearing and began washing while banging things around. Joan ignored her and finished her coffee. We talked about redefining the criteria for important activities to include interacting with her family, relaxation, and mental stimulation. Joan now realizes that she previously has felt that only household chores qualified as important and necessary. She has felt very exhausted because she has not allowed herself to do many things which would give her a sense of personal well-being.

Joan said that she has been angry with me and with previous counsellors who stressed that she was responsible for her own behaviour and feelings. She had been taught in one self-awareness course that positive feedback improves the self-concept and she believes that her husband must give her positive feedback or she will have a poor self-concept. She also struggles with attitudes from her childhood training which she does not feel responsible for. She resents being told that she is responsible for her attitudes and self-concept. She also feels that she has been given a set of criteria to live up to and she feels pressure to measure up and resents it.

First, I told Joan that I felt that changing the habits and attitudes of a lifetime was difficult and that I had seen her make substantial efforts which I respect. She said, "Well, I deserve respect. I've come a long way." I told her that I felt that while a child may absorb the beliefs of those around her, an adult can reflect upon their beliefs and change those which they decide they

don't want. If, as an adult, you decide to keep the beliefs you learned as a child you have chosen to do so knowing that another alternative is possible. She says its difficult and questions me about whether I go through the struggles she does. I say yes and tell her that some of my struggles have been very similar to hers (such as guilt about doing things for my own development rather than housework). My self-disclosure seemed to help. I told her that I couldn't possibly disrespect her without disrespecting myself. She sat back in her chair and relaxed. I pointed out that she often thinks about people and herself in terms of meeting ideal standards and having only one right way to function. There is frequent mention of people not measuring up, blame, and guilt. Her husband strongly agreed with this. My feeling is that the feeling of being "put down" by everyone which Joan talks about is frequently a result of projection. Joan is judgmental and assumes others are too.

Joan said she had been much more hurt in the marriage that Arnold and she resented this. I asked Arnold if he had been hurting too. He told her how hard the adjustment to marriage had been for him. Joan had emphasized that he was such a strong person and he had tried to make her feel secure by not showing how overwhelmed he felt. He said, "I just kept playing Charlie Atlas and hurting inside." He didn't display his true emotions and appeared very cold to Joan. Arnold was very emotional as he talked and looked relieved after he spoke.

Joan looked stunned. She said she had no idea he had felt that way. She said, "You've talked more about your feeling in this room than you have in five years of marriage."

Arnold made a joke about the room's magical properties. He turned to me and said how much the counselling had helped and that after he read about things he had felt he finally had words to express his feelings. He talked about the idea of the rubber fence, the mutual imposition of sanctions against exploration and outside influences. The reading in this area helped him notice his fear of change and the stifling effect this has had on his marriage.

Joan said that the idea of indirect aggression had helped her understand her fury at her 'saintly' husband, and he said that he had begun to see how his anger was expressed indirectly when he was afraid to talk directly. They intend to reread the articles they've been given again. Joan said again that some of the ideas seemed so relevant to her situation that she wanted to read very slowly and try to remember the emotional impact of the words as she read them.

They had gone through the lists of personal concerns together and felt that their discussion about dealing with these concerns had been useful. They said that their communication was better and they can handle these problems now. Both Arnold and Joan expressed confidence that they now have adequate means to handle difficulty and the hope that their marriage will continue to improve. They felt that the counselling and reading had made a considerable impact on them. Although each of them felt that more counselling could be beneficial, they felt that there was no need for immediate help. No other arrangement for ongoing counselling was made. They completed the post-counselling evaluations and tests and said goodbye.

Wife's Assessment of Marital Relationship Prior to Treatment

Describe your marriage and the strengths and weaknesses of your relationship.

I feel that in our relationship, we style each other. I feel there is a lack of honesty mainly because of not wanting to hurt the other's feeling.

To any outsider, we appear to be most happy, (we have often been told this) but I don't feel happy most of the time. I feel very pressured, even phony around other people.

As for the strengths of our marriage, I feel that it will be; that we both feel a lifetime commitment, maybe not to each other but to the institute of marriage (or maybe to what other people would think). I know I can depend on Arnold going to work everyday, coming home right after work, bringing home all of his paycheck and never going any place unless I know in advance. I feel security in his not drinking or throwing his money away, in him not being able to sleep when I'm out at night (playing bridge or bingo) until he knows I'm safely home. Our moral values are very similar (I guess).

I feel there is a lack of commitment to each other in our marriage. I'm afraid to make this commitment because there doesn't seem to be anything "real" to commit to. We don't share our views with each other very well because it's too much of a threat. I never really <u>know</u> how he feels on anything.

We seldom have friends to visit or visit anyone.

Our sex life has gone downhill gradually since our marriage.

Our views on money, I feel, are quite different, even though it's never discussed.

Wife's Assessment of Marital Relationship After Treatment

Describe your marriage and the strengths and weaknesses of your relationship.

I feel, as a result of these counselling sessions, along with the written material, that our marriage has a better than average chance.

I feel that we are better able to communicate our feelings and have the other one's understanding and support.

We still need lots and lots of time to talk and iron out old hurts (I just found out tonight - hurts from both sides), but I feel confident that that is what we both want.

Husband's Assessment of Marital Relationship Prior to Treatment

Describe your marriage and the strengths and weaknesses of your relationship.

Our marriage is basically sound but has too many rough spots. Many scars have been put upon it by out not understanding each other and time has left some of them unhealed. We are both very sensitive and defensive. We share many likes and dislikes. She laughs at my sense of humour. After working all day, I like to relax at home, she wants to go somewhere, to get out of the house. She is a very warm person who needs a lot of tender loving care, which I am not always up to providing.

Husband's Assessment of Marital Relationship After Treatment

Describe your marriage and the strengths and weaknesses of your relationship.

Our marriage is basically a sound one. We are compatible in most areas. We love each other and our children. Our life philosophies are pretty much in tune. Our biggest problem in not knowing definitely what the others needs are or how to meet them. I admire Joan's warmth and sensitivity, besides, I think she's cute. I think we want pretty much the same things in life. Our ideas of right and wrorg are very compatible.

LOCKE-WALLACE MARITAL ADJUSTMENT SCALE

COMPARISON OF SCORES BEFORE AND AFTER TREATMENT

	Pretest Score	Post test Score	Change	Significance of Change (S.D. = +/-15)
Joan	69	113	+44	+2 S.D.
Arnold	47	82	+35	+2 S.D.

Conceptual Change Evaluations of Couple II: a summary

In the post-counselling assessment of the wife these changes were noted:

1. less emphasis on previous experiences and awareness that negative feelings about herself are within herself.
2. a change in attitude about acceptable and active behaviour she may use when her feelings are hurt.
3. recognition of the need for problem solving behaviour when conflicts arise.
4. recognition that her husband's expectations are not as she previously believed.
5. recognition that her expectations of herself are a source of anxiety.
6. no mention of two factors which she had previously felt were affecting her sexual responsiveness. New awareness that unresolved hostility can affect sexual response and acceptnce of partial responsibility for the quality of sexual interaction.

In the post-counselling assessment of the husband these changes were observed:

1. A description of himself which included a good description of his emotions (he left this question blank on the pretest).
2. Description of emotional learning and behaviours established when he was a child.
3. New awareness of positive factors which lead to his marriage.
4. Recognition that they still have a problem regarding expectations of themselves and of the spouse and need clearer communication in this area.
5. Similarity to wife in emotional responses which affect sexual responsiveness was recognized.

Client's Evaluation of the Counselling/Reading Method Using Questionaire

Evaluation of Wife - Couple II

This is an attempt to find the most effective form of help for other people. I would appreciate knowing what you feel about your counselling experience.

1. When you consider the two aspects of your counselling (reading/question/response and personal contact with your counsellor) please think about the relative value of each and choose the statement that best describes your evaluation.

   a. Both were of about equal value to me.

   b. I felt that the personal counselling was the major source of help, but the readings helped me also.

   c. I felt that the personal counselling was the major source of help, but the readings helped me also.

   d. Use personal counselling without readings and questions.

   e. Use readings and questions and don't use personal counselling.

2. Which readings or ideas contained in the readings do you consider most important and helpful?

   A) The Rubber Fence Marriage.

   B) The Perfect Wife.

   C) Crazymakers - Indirect Aggression.

   D) Emotional or Physical Responses to Problems.

3. If you were to design a counselling program similar to this what suggestions would you offer to make it more effective?

   Not to be so rushed - not so much paperwork to be covered in a brief time.

4. Are there aspects of this form of counselling that you found effective and would not change?

   I think we both could have benefited with more individual counselling.

5. Did you work consistently on the reading as you agreed prior to counselling? If not why? Do you feel that this affected the outcome

of your counselling?

With the pressures already in our lives, we did not have the time necessary to devote to this. Also, some of the readings and questions were deep and needed time for concentration and absorption, so could not be rushed.

Evaluation of Husband - Couple II

This is an attempt to find the most effective form of help for other people. I would appreciate knowing what you feel about your counselling experience.

1. When you consider the two aspects of your counselling (reading/question/response and personal contact with your counsellor) please think about the relative value of each and choose the statement that best describes your evaluation.
   a. Both were of about equal value to me.
   b. I felt that the personal counselling was the major source of help, but the readings helped me also.
   c. I felt that the personal counselling was the major source of help, but the readings helped me also.
   d. Use personal counselling without readings and questions.
   e. Use readings and questions and don't use personal counselling.
2. Which readings or ideas contained in the readings do you consider most important and helpful?
   Conflict in Marriage.
3. If you were to design a counselling program similar to this what suggestions would you offer to make it more effective?
   Greater in-depth coverage over a longer period of time. Longer sessions (3 hour minimum).
4. Are there aspects of this form of counselling that you found effective and would not change?
   The reading material.
5. Did you work consistently on the reading as you agreed prior to counselling? If not why? Do you feel that this affected the outcome of your counselling?
   I just couldn't find the time to read all the material. No serious effect on the outcome.

Post-Counselling

Personal Statement

Evaluating the Counselling/Reading Method

Couple II, Wife

I think the reading material given us has been very good (and has been well selected) in helping us define our problems. I have felt a lot of pressure, though because of the amount (volume) in a limited time period. The questions, I found, were sometimes very deep and required a lot of thought and could not be rushed through. Also, sometimes the reading material was deep and in rushing through it, I became frustrated because my mind needed more time to absorb it.

I have felt support from the sessions, like a boost to encourage me to take responsibilities I knew I should but because of being afraid of Arnold's reaction or not feeling able to handle for whatever reason I would not before.

The "Rubber Fence" Marriage and the Perfect Wife, really hit home and I have seen remarkable improvement for both Arnold and myself.

Post-Counselling

Personal Statement

Evaluating the Counselling/Reading Method.

Couple II, Husband

I have learned from this experience that a lot of the things Joan and I have experienced are not unique to our relationship and can be worked out. Every bit of reading material I've read has helped me to understand myself, Joan, and my feelings better, especially the part about the "rubber fence marriage" in "Conflict in Marriage." I have learned this is a trouble spot in our marriage with far greater impact than I could have thought possible.

I have learned that one of my greatest needs is to get in touch with my true feelings and not be afraid to express them to Joan for not doing so has created a great strain on both of us.

I do feel, however, that the time spent was much too short, and different problem areas were not gone into great enough depth. This experiment has helped me greatly, but I feel it could have had even greater impact had we the time to explore every problem area more fully.

Arnold

Summary of Results

Although counselling was terminated prior to completion, Couple I reported improvement in some aspects of communication and in conflict resolution. The wife, Mary, reported some improvements in assertive behaviour. There was no change in sexual behaviour and considerable denial of the contribution of emotional factors to the sexual problem. Little change was noted in the attitudes of the husband, John. Both John and Mary felt that they had benefitted most from the counselling aspect of treatment. Mary also found the readings and questions useful and commented upon the value of the ideas about conflict in marriage (an area of reported improvement). John did not find the readings useful. Mary's MAT score did not change significantly when the score after partial treatment was compared to the score prior to treatment. John's score dropped by one standard deviation. It was difficult to ascertain the clinical significance of John's decreased score as his original score seemed to reflect a social desirability response set and denial of conflict. Further counselling after setting down in their new home was strongly suggested. This couple was probably not appropriate for short term treatment. Although there was some improvement in conflict resolution and identification of sources of sexual difficulty, denial of some areas of conflict (such as sexual values) was evident.

Couple II reported improvement in communication and conflict resolution. Both husband and wife showed some clinical signs of improvement in self concept. The wife, Joan, showed increased awareness of her responsibility for her interpretations of her husband's behaviour. She also began to act to improve the quality of her daily life by creating a more personally satisfying home environment and learning to deal more effectively with her mother. Arnold also developed emotionally by learning to express his feelings more. He became aware of the origin of his emotional reticence and the inappropriateness of this behaviour as an adult in his current relationship. After treatment the areas which still created problems for Joan included: a) lack of assertiveness

when dealing with strangers; b) inability to set reasonable standards of behaviour for her children; c) some ambivalence about her own responsibility for maintaining behaviour patterns she developed in childhood and ambivalence about her responsibility for the way she reacts to her husband. After treatment Arnold still had occasional difficulties being assertive when Joan began to blame him for her emotional states. He still reverted to an unresponsive mode at times. The MAT scores of both Joan and Arnold increased more than two standard deviations and these very significant increases corresponded to clinically observed changes and self reported changes. Conceptual changes noted were Joan's statements about personal responsibility and Arnold's statements about the origin and current inappropriateness of his withdrawal. This couple improved significantly with this short term marital counselling treatment and they reported that both counselling and reading were very useful (they found counselling most beneficial). They felt that the work involved in writing out question responses on the readings was tedious. They did not complete all of the written responses, but this did not seem to reduce their opinion of the effects of the method. Both Joan and Arnold would have preferred more total time for both counselling and the reading and related questions.

DISCUSSION

The Value of the Method to the Counsellor

The use of reading and question response as an adjunct to short term marital counselling is helpful to the counsellor in several ways. First, the counsellor obtains information about the couple's feelings which may not be mentioned during counselling. Some of this information may be available prior to the second counselling session if the couple return their question responses quickly. Second, the use of readings may help people identify problems which they have difficulty finding words to describe, but which they can easily identify as relevant when a description is available. Once they have said that a particular reading was meaningful, the counsellor can ask open-ended questions about that aspect of the relationship until the difficulty is clarified.

These advantages were apparent in one case study. The rapid identification of the specific sexual problems of this couple was accomplished using reading materials. The wife could not discuss her sexual difficulties at all at first but rapidly identified them in written material. Her identified problems were known to the counsellor prior to the second session. A physical exam was arranged and results obtained prior to the second session. No physical disorder was found to account for her symptoms so the counsellor could proceed with treatment in the second session without delay. The counsellor was then able to select an appropriate method for working on her concerns prior to the second counselling session. Also, after she had read descriptive information she was able to use the language needed to discuss her difficulties by the second counselling session.

One client's concerns about his sexual functioning and sexual attitudes were elicited in question responses. He was very quiet and offered little personal information in the first counselling session, but these concerns were expressed in his question responses which the counsellor received prior to the second session.

Effective Use of the Method by the Counsellor

Although the question responses are a valuable source of information they must be read by the counsellor prior to counselling sessions. This requires time. Familiarity with the material and good reading speed can make the task of reading question responses of clients a rapid procedure similar to reviewing case notes prior to seeing a client.

The screening process involved in choosing clients who may benefit from reading can be simply incorporated in the information gathering most counsellors use as intake procedure. If a client is not suitable the information has other uses. Memory, alertness, motivation, and available leisure time all affect the quality of a person's life. The willingness of clients to use leisure time to improve the quality of their marriage is an excellent indicator of motivation and commitment. Unwillingness to read; however, may involve other factors. Dislike of reading may be due to association of reading with poor performance in school or other unhappy experiences. This may have been one factor affecting John, the one client in the case studies who felt that the readings did not help him (although his question responses certainly helped the counsellor).

Although the problem did not occur with these clients, the counsellor would be wise to caution clients about using ideas in the readings to prove that their spouse is the source of their problems. The ideas in the readings could provide ammunition for a destructive battle in which evidence of poor communication or unfair expectations became the new sources of complaint against the spouse. Many clients do attempt to bring evidence to the counsellor whom they expect to judge their spouse and thus exonerate themselves (Magran, 1981).

This problem and a general concern that clients accurately interpret ideas and apply them constructively lead to a further suggestion. Monitoring the perceptions of clients about the readings is useful. Clients may be asked to paraphrase or explain a concept in their own words. They can be asked to

give an example from their own experience (a device used in developing the questions). Scanning of question responses for ambiguous answers or misinterpretation can be easily integrated into the counsellor's assessment of question responses.

The Usefulness of the Method for the Client

There are many potential advantages of this treatment for clients. Ideas often used by counsellors are available to review and reflect upon outside of the counselling session. The well-motivated client can actively attempt to learn more about marriage outside of the counselling setting. Active contribution by the client to his own treatment may increase feelings of competence and effectiveness in handling marital difficulties. The value of feeling competent and feeling that your behaviour can actively change a frustrating situation is well-documented in psychological literature about effects of perceived helplessness (Seligman, 1973). Feelings of competence also positively affect self perception (Epstein, 1972).

The value of the treatment in altering irrational beliefs and producing general cognitive changes can be speculated upon. Clearly clients who are repeatedly exposed to new beliefs in counselling and through reading will probably learn the concepts more thoroughly. It is probable that they will remember what they have learned. The use of questions in which clients use the ideas and relate them to daily life within the relationship should encourage transfer of learning from the abstract information read to the concrete and emotionally real circumstances of daily life.

Another benefit of this treatment method is that clients are exposed to affective vocabulary. Several clients commented upon the value of having words to express feelings or specific vocabulary to describe certain problems. In this study a reticent male client talked about how much easier it was for him to express himself after reading about emotions. One client felt that reading about sexual problems gave her words to describe vague feelings. She

described a feeling of recognition and relief.

The use of language to make emotions more transparent and increase reflective behaviour has been explored by theorists who attempt to understand why counselling works.

The Value of Reading to Enhance the Language Development of Clients

New affective vocabulary which is integrated into a conceptual system which explains human interaction not only enhances reflection but is one means used to change client's cognitions. Unlike approaches which emphasize the environment, this approach allows the person to deal with an existing environment and/or relationship in a new way. Using new ideas about feelings and other people, he develops a new way of seeing and reacting to others.

Theorists who believe that emotional responses are reflections of one's beliefs do not ascribe to a dicotomized notion of emotion and intellect (Beck, 1979). However, there are potential problems for clients who vebalize concepts without responding to them emotionally. Shapiro (1979) has observed that one may verbalize an idea without recognizing its emotional implications or without regularly using the concept to explain one's daily experience. He suggests that affective vocabulary "...must be linked to ideational and situational content or else the names remain dangling devoid of anticipatory power..." Or, expressed differently, the client must relate the ideas to his own experiences, and individual ideas must be presented as an integrated approach to a subject so that the usefulness of the conceptual framework is not lost. The current study used questions in which concepts were defined by the spouses using previous experiences in the marriage. Questions frequently asked about the emotional responses of the couple. In this way the personal context and affect were elicited.

Potential Client Difficulties Related to the Method

Having discussed the advantages of this method, some of the concerns about the method which the counsellor experienced should be mentioned. The two major problems which were perceived during counselling were the time required of the clients to write out question responses and the effects upon the clients due to rapid exposure of sensitive issues.

One couple complained about the work involved in writing out question responses, but were very enthusiastic about the readings. The nature of the wife's emotional problems involved a low energy level. There was little extra time available to work on the readings and questions. Fortunately, reading could be paced according to the clients' schedules and a flexible approach was used regarding the completion of written question responses.

A greater concern of the counsellor was that the questions might elicit very personal information from a client who was ambivalent about self-disclosure. In these case studies one client could barely speak in the first counselling session. By the second session the counsellor knew about details of his sexual concerns. This information was given in response to questions. It could be argued that the client wanted the counsellor to know, but the counsellor felt that he might have felt better after the disclosure if more time had been spent establishing a relationship with the counsellor where a non-judgmental approach to problems was expected. The client's beliefs involved a high level of judgmentalness. An alternative and less judgmental way of approaching problems could have been established prior to the exposure of such sensitive issues.

All clients said that they would have preferred more time with the counsellor and all could have benefitted from this; however, there is no reason that a sensitive, flexible counsellor could not change the procedure to suit the needs of clients. Unfortunately, case loads are often so large that the ideal conditions for clients cannot be provided. This method effectively utilizes the actual time available.

Effects of the Method on Counselling Practices

Research about short term marital counselling suggests that time limits affect counselling style. Freeman (1981) indicates that short term marital counselling must involve limited goals and her case studies reflect a directive, goal-oriented approach although she has stressed client participation in her theoretical writings. In the current study an attempt was made to facilitate cognitive changes which would help the client to function independently. Goals were set by the client and beliefs about marriage were discussed. Did the method seem to facilitate cognitive changes which could be expected to be useful in the future to the couple? Clinical observation and test scores indicated substantial changes in one couple. The counsellor attributed these changes to the client's response to the cognitively oriented counselling and to the reading which was similar in content to the concepts used by the counsellor. The clients' evaluations support this contention. The results with the other couple were not as successful, but the lack of treatment completion by the clients may have been due to avoidance of conflicts and preoccupation with work rather than attributable to the counselling method. (Rapid exposure of sensitive issues may not have been the reason the couple did not continue counselling). There was evidence that the method helped the wife to more clearly identify aspects of sexual difficulty. This cognitive change may be useful to her in future counselling experiences and in her personal reflections.

When considering the effects of the time limits the counsellor was aware of assessing progress with the total counselling time in mind. Some client behaviours seemed destructively time consuming. Repetitive blaming of the spouse, dwelling upon the past as a cause of current behaviour, and passive attitudes toward the counselling process are unproductive client behaviours which use valuable counselling time. The counsellor felt that gentle but firm direction away from these behaviours was necessary if the counselling process was to go beyond sympathetic listening. Also, the effects of catharsis may be destructive. There is recent evidence that ventilation of anger reinforces hostile attitudes (Tavris, 1983).

During the counselling some personal guidelines were developed to facilitate short term marital counselling:

a. The nature of the interaction can be specified at the outset of counselling. Client responsibility needs to be stressed because a passive client waiting for an expert to cure him wastes valuable time.

b. Active listening of the counsellor may include tentative hypotheses that extend beyond the actual information given, but the client needs to be encouraged to object to interpretations which do not seem valid for him.

c. When complaints are voiced behavioural descriptions of desired changes can be immediately elicited. Clients can be told that repetitive complaining and blaming without suggesting a preferred behaviour is destructive.

Generally, Freeman's observation that the counsellor must be active seemed reasonable. The counsellor can also encourage client responsibility and avoid controlling behaviour.

Limitations of the Study

This study utilized phenomenological case studies with the strengths and weaknesses inherent in this methodology. Detailed information about the complex interaction between variables in specific cases was obtained (from the perspective of one observer). Generalizations regarding a cause and effect relationship between treatment and possible outcomes with other clients must be tentative in a study such as this because of the lack of separation of the potential treatment variables using different treatment groups, the lack of a control group, and the very small number of couples.

Suggestions for Future Research

A controlled study with an adequate number of subjects could be used to evaluate the effect of the addition of reading to the cognitively oriented eclectic approach used here for short term marital counselling. Some possible effects of the reading treatment (when compared to counselling alone) which

could be measured include:

a. long-term improvement in marital satisfaction

b. long-term comparison of divorce rates between groups

c. long-term memory of concepts used in both counselling and reading

Client variables such as belief systems, educational levels, and motivation could also be considered.

Attempts to assess marital satisfaction and the content of beliefs about intimate relationships lead the researcher to believe that better instruments could be developed. The MAT was shown to be inaccurate when a couple refused to admit that there were stresses in the relationship. It also seemed to give higher adjustment scores to couples with a high level of initial compliance to each other's wishes rather than measuring successful negotiation of differences between the couple. With the changing level of independence of women the level of initial disagreement on issues in well-adjusted couples may be changing. The well-adjusted sample of couples used by Locke in his original test construction in the 1950s may not accurately represent adjustment for couples in the 1980s, especially dual career couples who are adjusting their role expectations to conform to the demands of two careers.

Another problem noted was the lack of a measure of the specific irrational beliefs about intimate relationships which marital counsellors have discussed in previous research (Epstein and Williams, 1981). These beliefs might correlate highly with marital distress because people seem to have unique expectations of intimate relationships. These unmet expectations seem to lead to the anger and disillusionment which marital counsellors so frequently see.

Theoretical Considerations Related to Marital Counselling

Underlying the previously noted concerns of the researcher is an assumption regarding the relationship between cognition and emotions. Epstein (1972) has suggested that

> There are two ways in which emotions can be used to infer cognitions. One follows from the

> assumption that human emotions, at least for the main part, depend upon interpretation of events... The second... way of using emotions to infer postulates, follows from the assumption that for an emotion to occur, a postulate of significance to the individual must be implicated. It is further assumed that negative emotions arise when any of the functions of the self-theory are threatened, such as when there is a threat to the organization of the self-system, to self-esteem, or to a favorable pleasure/pain balance.

In the current study, the assumption that emotions are related to the interpretation of events was made. It was also assumed that interpretations which threaten self-esteem cause distress. The problem of why people habitually interpret events in such a way that they become distressed is a more difficult question. The habitual presumption that the spouse does not feel love or respect for oneself or that the spouse wants to cause emotional pain are frequent destructive interpretations seen in distressed couples. Negative attribution is more frequent in distressed couples (Kahn, 1970). Where do these destructive interpretations originate and how do we change them?

Many theorists would say that patterns of interpretation are implicit in the socialization process in the family of origin. They could be seen as part of the life script which counsellors using transactional analysis refer to (Berne, 1961). The means of changing interpretations usually involves making the interpretations or assumptions explicit rather than implicit so that they no longer operate automatically. Emotional factors which motivate the individual to interpret and respond differently may include the relationship with the counsellor (Truax and Carkuff, 1967) but also probably involve client variables (Frank et al., 1978). Also, positive interaction with the spouse during counselling probably occurs due to accurate interpretation. Seeing the effects of accurate interpretation on the spouse by the counsellor may provide a valuable model (Bandura, 1976) of the desired interaction as well as a positive experience with the spouse.

This study gave some support to the assumption that interpretations of a spouse's behaviour which involve blaming, anger, and mistrust are more easily changed when the counsellor deals directly with specific interpretations. Also, reading which offers alternative ways to communicate distress (such as accepting responsibility by saying "I feel...") gives the client a constructive alternative behaviour as well as a new interpretive framework which will potentially change his behaviour in the future.

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APPENDIX 1. QUESTIONS RELATED TO THE READING ABOUT THE SELF CONCEPT

THE SELF-CONCEPT: KEY TO COMMUNICATION

This is a lengthy, but very interesting article. There are many exercises which you are asked to do, but they are very useful in helping you to understand yourself. Please do the exercises as you come to them. It will make the article more interesting and personally important. Write your answers down and bring them to your counsellor.

At the end of the article (p. 82 on) means of changing your self-concept are discussed. Think about each section and make notes about how you can apply these ideas to yourself. Put a star by anything you need to discuss with your counsellor.

APPENDIX 2. QUESTIONS RELATED TO THE READING ABOUT COMMUNICATION

LISTENING VS HEARING

(p. 213 - p. 245)

On p. 214 and 215 types of nonlistening are described. Describe the nonlistening 'techniques' of your mate, then think carefully about what you do and describe your own difficulties. Use recent examples if you remember some.

Reassons why we don't listen are described on p. 217-221. Which of these reasons apply to you, your mate? Think of a recent example of this happening if you can.

On p. 224 two-way listening is described as listening involving feedback from the other person. Two kinds of feedback, questioning and active listening, are described. Think about something someone said to you recently that bothered you. Did you assume that they were being destructive (criticizing, being sarcastic perhaps)? Could you have asked a question or paraphrased (see p. 255) what they said to be certain that you had not misinterpreted?

When you last heard a problem from your mate, how did you respond? How do you usually respond? What does your mate usually do when you talk about a problem (see p. 229 - 239).

On p. 245 the misuse of active listening is discussed. (One example given is avoidance of a problem another person wants to straighten out. Read this section carefully.)

APPENDIX 3. QUESTIONS RELATED TO THE READING ABOUT EXPECTATIONS

INTIMACY, MARITAL EXPECTATIONS, AND THE FULLY FUNCTIONING PERSON

1. In what ways are you and your partner similar? In what ways are you complementary? (p. 118 - p. 119).
2. Many people marry for the "wrong" reasons (p. 119). It is important to understand why you married even if the reasons aren't ideal. As the text suggests, you can learn skills to help you work out a marriage that began with a poor foundation. You will learn about communication and problem solving.
3. Three aspects of emotional well-being are discussed on p. 121. Does your marriage supply emotional gratification, help you deal with crises, and encourage you to grow? Think about these three areas. What would you like from your partner in each? What do you give? Do you know what your partner wants from you? Are the expectations each of you have reasonable?
4. Look at the question p. 126 "What do you think?" Respond to them.
5. When do you tend to feel jealous? (p. 127).
6. What are your romantic ideals? (p. 128). Do you resent your mate for not meeting these expectations?
7. Do you and your mate have conflicting expectations? (p. 130).
8. Do you feel committed to your own emotional development (self-actualization)?
9. Do you feel a strong commitment to support the personal development of your mate?
10. Can you think of examples of times when you worry that you may be or have been asked to sacrifice your own development because of your mate's expectations?
11. Were there other things in this article that were familiar in your situation or important to you in some way?

APPENDIX 4. QUESTIONS RELATED TO THE READINGS ABOUT CONFLICT

MARITAL CONFLICT: HOSTILITY IN INTIMACY

12. Give a description in your own words of a 'rubber fence' marriage.
13. What are the emotion reasons that a person might have for maintaining this kind of relationship (see page 365)?
14. Do any of the descriptions of behaviour of couples sound familiar? Which seem closest to your own?
15. What can a person learn from jealousy?
16. Can you think of an instance of scapegoating in your family? Why does it occur?
17. a) Describe a disagreement or argument that reoccurs between the two of you.

    b) Can you describe the differences in goals or values that each of you has (in relation to this subject)?
18. Conflict resolution skills are usually not taught to us as we grow up. Go over this section very carefully (page 383). List each of the rules or suggestions given. Think about how your behavious differs from this model. Put a star next to the rules you need to follow more carefully. Find out which rules your spouse wants you to follow more carefully. Mark them with an 'X'.
19. List some of the advantages of learning to deal with conflict.

RESOLVING INTERPERSONAL CONFLICT

(p. 345 - p. 369)

1. Four ways that people act when their needs aren't met are described on p. 346 - 353.

   a. Describe each of the four briefly in your own words.

   b. Do the exercise on p. 353.
2. Do exercise on p. 349 - p. 350.
3. Identify three problems in your marriage. Choose one and go through

the seven steps on p. 358 - 365. Decide when you will evaluate the effectiveness of your solution and set an appointment with each other to talk about it. Mark it on your calendar.

APPENDIX 5. QUESTIONS RELATED TO THE READINGS ABOUT SEXUALITY

Sexual Intercourse (Technique, Psychology, Enhancement, and Malfunction)

1. Coital Technique
   a. Think about what you most frequently do sexually: positions and stimulation that you and your partner give each other. Are there things you would like to do (or not do) or have your partner do that you are embarassed to discuss? You may wish to make a brief note to remind you if you don't want to write about it.
   b. Is your current sexual behaviour satisfying on the physical level?
2. Psychology of Sexual Intercourse
   a. What degree of affection and familiarity is necessary for you to feel comfortable with a sexual partner and not guilty or tense.
   b. If you feel you must be in love, explain the degree of commitment to a long-term relationship or other criteria that makes being in love different from sexual attraction alone.
   c. Think about your relationship. Are you held, touched, and cuddled enough? Do you know whether your mate would enjoy more touching?
   d. Does your sexual relationship enhance your self-esteem? Are there things which have happened that you interpret as meaning that you are not interesting, desirable, or loved? Do you feel that you are a good lover?
   e. Do you sometimes punish your mate using sex? If you feel that you are sometimes punished, describe these situations (p. 45).
3. <u>Enhancement of Sexual Pleasure</u>
   a. Do you have a fantasy of what the perfect sexual experience would be? Think about it for a moment. If you can identify some of the things you wish for, you may learn about yourself. Do you feel like you've missed things you wish you could have experienced?
   b. Many of the means used to enhance sexual experience are

mentioned in this article. Are there some which you especially enjoy? Are there some things you'd like to try?

c. Are there differences between you and your partner that cause tension between you (in sexual activity or desires)?

4. Sexual Malfunction

a. Look through this section for problems you are curious about or may have had. Many people have had some difficulty at one time in their lives. Usually, the causes are not physical and helpful exercises usually improve the problem. Make note of any concerns you have.

Sexual Reciprocity

a. This article lists a number of reasons that people may feel like a detached spectator during a sexual encounter. What are they?

b. Which of these reasons for detachment have you experienced?

The Element of Play

a. Which parts of this section seem personally important to you?

5. The second article entitled "Problems with Sex" and "Problems with Orgasm" was written for women, but much of it applies to both sexes. Make a mark by anything that applies to you. Explain it in writing if possible.

APPENDIX 6. BRIEF CONCEPTUAL ASSESSMENT

1. The term self-concept refers to the way you see yourself or what sort of person you think you are. Describe yourself in a brief paragraph.
2. Do you think about yourself positively, but realistically, or do you worry about whether you are what you should be?
3. Where do you think negative feelings about yourself come from?
4. Is it possible to change the way you think about yourself? How could a person change their self-concept?
5. Can you think of five reasons why people don't listen?
6. When you are listening to your partner talk and they say something that hurts your feelings what do you usually do?
7. How would you describe an emotionally healthy person?
8. Why did you get married? Did you get married for the 'wrong reasons'?
9. How would you go about changing a bad marriage?
10. Give a brief description of your idea of the 'best way to handle a disagreement between you and your mate.
11. How do the following factors affect your emotional interaction in your marriage:
    a. your job,
    b. the expectations of your spouse, and
    c. the expectations you have of yourself.

    How do these influences affect the time and attention devoted to different activities? Would you like to change the way you use your time? Would you like to focus your attention on other things?
12. Can you describe five emotional factors that can cause sexual difficulty in a normal person?
13. Which of these emotional factors most often affect you? Which affect your mate?
14. How does your sexual interaction with your mate affect your

self-esteem?

a. Do you feel respected?

b. Do you feel attractive to her/him?

c. Do you feel loved during sexual activities?

APPENDIX 7. BRIEF CONCEPTUAL ASSESSMENT - COUPLE ONE - WIFE

Question:

1. The term self-concept refers to the way you see yourself or what sort of person you think you are. Describe yourself in a brief paragraph.

   A. Response prior to counselling/reading:

   I would describe myself as someone who worries about what people think about me. I think this affects my life substantially. I am a perfectionist and seem to have lots of little habits that are quirky. I think my view of myself is more negative than positive. Although I do recognize that I have talents and abilities that people admire, I see the bad in myself first.

   B. Response after incomplete counselling/reading:

   Shy, fearful of a lot of things, good speaker in public, a good singer, a negative self-image which leads to the shyness and fearfulness.

   C. Counsellor's comment:

   There is some change noticable in counselling sessions and in Mary's response. She talks about the abilities she has directly now rather than making vague references and dismissing them.

   Question:

2. Do you think about yourself positively, but realistically or do you worry about whether you are what you should be.

   A. Response prior to counselling/reading:

   I worry about whether I am what I should be.

   B. Response after incomplete counselling/reading:

   Yes, I do worry about this.

   C. Counsellor's comment:

   No noticable change.

   Question:

3. Where do you think negative feelings about yourself come from?

A. Response prior to counselling/reading:

Past experiences: a) In my family not enough positive strokes. b) being in the outside group at school.

B. Response after counselling/reading:

Past experiences, my own mind, society's ideas.

C. Counsellor's comment:

The idea that effects of previous experiences are reinforced by present thinking and that one may change one's habitual thoughts was part of the reading and counselling information provided.

Question:

4. Is it possible to change the way you think about yourself? How could a person change their self concept?

A. Response prior to counselling/reading:

Yes. Concentrating on the positive in myself. Doing what I can to improve myself. Recognizing that I am unique and worthy of being loved. Having someone who loves me.

B. Response after incomplete counselling/reading:

Yes. By resolutely breaking out of thinking of themselves a certain way. By doing with themselves as they can.

C. Counsellor's comment:

Some progress in changing the self concept noted in counselling.

Question:

5. Can you think of five reasons why people don't listen?

A. Response prior to counselling:

They think other people aren't worth listening to.

They're too busy.

They have other things on their mind.

They have their own problems.

The're just selfish and uncaring.

B. Response after incomplete counselling/reading:

boredom, their own problems on their mind, occupied with other

things.

C. Counsellor's comment

The second response (after counselling) seems less judgmental.

Question:

6. When you are listening to your partner talk and they say something that hurts your feelings what do you usually do?

A. Response prior to counselling/reading:

Feel hurt, feel bad about myself, think that I'm not a good person, cry.

B. Response after incomplete counselling/reading:

Get defensive. I feel I'm being attacked personally.

C. Counsellor's comment

Given the judgemental nature of some of her husband's remarks she may be accurate in her assumption that she is being judged. There is a move away from functioning as a passive, helpless victim.

Question:

7. How would you describe an emotionally healthy person?

A. Response prior to counselling/reading:

Confident in themselves. Not afraid to look at themselves in a mirror when other people are around.

B. Response after incomplete counselling/reading:

Someone who likes themselves who isn't shy or afraid.

C. Counsellor's comment

The second response refers to self respect rather than opinion of others.

Question:

8. Why did you get married? Did you get married for the "wrong reasons"?

A. Response prior to counselling/reading:

Because I was in love. I'd found someone who loved me and treated me as a worthwhile human being. No, I don't believe I got married for the wrong reasons.

B. Response after incomplete counselling/reading:

love, companionship. No, I believe I married for the right reasons.

C. Counsellor's comment:

No change.

Question:

9. How would you go about changing a bad marriage?

A. Response prior to counselling/reading:

Learning to give. Bad marriages start with bad people. Selfishness can ruin relationships. What's inside you originally (be it honey or vinegar) will come out eventually.

B. Response after incomplete counselling/reading:

Work, communication, love, therapy.

C. Counsellor's comment:

The second response is less judgmental and oriented toward active, constructive behaviour.

Question:

10. Give a brief description of your idea of the best way to handle a disagreement between you and your mate.

A. Response prior to counselling/reading:

Talk about the problem and don't be afraid of being criticized. Learn to not be so proud that you can't accept rebuke for your bad habits.

B. Response after incomplete counselling/reading:

Listening. Not being proud or defensive but willing to change.

C. Counsellor's comment:

No change.

Question:

11. How do the following factors affect your emotional interaction in your marriage?

a) your job.

A. Response prior to counselling/reading:

school (instead of job). I think it will be better. We will have more to talk about. More ideas to share.

B. Response after counselling/reading:

(left blank)

C. Counsellor's comment:

In the first response Mary hoped for the intellectual stimulation she anticipated at University to become part of the marital interaction. John had mentioned in a question response that he's afraid his wife may consider other people she meets more interesting. There seems to be an issue here regarding discrepancy in intellectual ability and interests. Mary scored in the 76th percentile on a university aptitude exam. John was unable to finish high school. There may be continued strain in the relationship over these discrepancies.

b) the expectations of your spouse

A. Response prior to counselling/reading:

John's expectations of me are mostly healthy and good. He doesn't have any unfair ones I can think of.

B. Response after counselling/reading:

(left blank)

C. Counsellor's comment:

The counsellor felt that Mary could have a growing concern that many of John's expectations are implicit and that the hidden aspects of his feelings are not well understood by Mary.

c) the expectations you have of yourself

A. Response prior to counselling/reading:

Could be a problem here. I want everything to be perfect all of the time. I don't like conflict (this comes from my mother).

B. Response after counselling/reading:

These affect it a lot.

C. Counsellor's comment:

I also feel that Mary's expectations of herself make her life difficult.

Question:

12. Can you describe five emotional factors that can cause sexual difficulty in a normal person?

A. Response prior to counselling/reading:

fear of pain, becoming unmasked in such an intimate way. Previous wrong impressions about sex - it's dirty etc. not performing well - not pleasing the other person - bad view of myself.

B. Response after incomplete counselling/reading:

shyness, fear, feeling it's dirty, not good communication

C. Counsellor's comment:

No change in these answers. Mary needs to understand why these feelings persist.

Question:

13. Which of these emotional factors most often affect you? Which affect your mate?

A. Response prior to counselling/reading.

Affects me - all of the above (answers to #14)

Affects John - worries about lack of control, not turning me on, doesn't feel like a lover.

B. Response after incomplete counselling/reading:

Feeling that it's dirty.

C. Counsellor's comment:

Mary no longer refers to John's performance worries. She takes all responsibility. She also doesn't discuss their extreme differences in sexual values which could be influencing her fear of

dirtyness.

Question:

14. How does your sexual interaction with your mate affect your self-esteem?

a) Do you feel respected?

A. Response prior to counselling:

Hard to answer from my situation. I guess yes and no. He respects me and doesn't push me and no-when we do have sex because I get no pleasure from it and feel used.

B. Response after incomplete counselling:

Hard to answer - we haven't had sex in a while.

C. Counsellor's comment:

No change.

b) Do you feel attractive to him/her?

A. Response prior to counselling:

He tells me I'm attractive to him and that he desires me. But I don't feel attractive or sexual or desirable.

B. Response after incomplete counselling/reading:

Hard to answer.

C. Counsellor's Comment:

No change.

c) Do you feel loved during sexual activities?

A. Response prior to counselling/reading:

Yes, I feel closeness when we kiss and hug before sex and sometimes during and again after but not too much during the act itself.

B. Response after incomplete counselling/reading:

Hard to answer.

C. Counsellor's comment:

If counselling had continued, the following hypothesis could have been considered: The husband's belief that sex is physical and not

emotional plus his lack of control contribute to her feeling of isolation during sex.

APPENDIX 8: BRIEF CONCEPTUAL ASSESSMENT - COUPLE ONE - HUSBAND

Question:

1. The term self-concept refers to the way you see yourself or what sort of person you think you are. Describe yourself in a brief paragraph.

   A. Response prior to counselling/reading:

   I am a responsible, dependable man. When I make a decision to do something I try to get it done. When it comes to learning and being open to life's many ways of teaching, I enjoy learning and life. I appear to be a quiet fellow to most folk, because I have a tendency to observe things, people, before I become enthusiastically involved with them. My level of enthusiasm is not in the extrovert category or I seem to restrain myself, or perhaps have not learned to be or am just not an extrovert. Sometimes I wish I could experience more joy and be able to express it publicly. I'm an O.K. guy.

   B. Response after incomplete counselling/reading:

   I am a person seeking truth.

   C. Counsellor's comment:

   John's responses after counselling were made when he was tired; however, the absolute quality of his beliefs can be seen when he is under stress.

Question:

2. Do you think of yourself positively, but realistically, or do you worry about whether you are as you should be?

   A. Response prior to counselling/reading:

   Yes: I think about myself positively, but realistically.

   B. Response after incomplete counselling/reading:

   I have times of both.

   C. Counsellor's comment:

   The second statement seems honest and accurate.

Question:

3. Where do you think negative feelings about yourself come from?

A. Response prior to counselling/reading:

Negative feelings come from confusion.

B. Response after incomplete counselling/reading:

They come from many sources, i.e. my mind, other people, my stomach's condition (hungry/full).

C. Counsellor's comment:

John doesn't like confusion. His second response does seem more explicit and indicates awareness that he can affect his own thoughts.

Question:

4. Is it possible to change the way you think about yourself? How could a person change their self-concept?

A. Response prior to counselling/reading:

Yes a person can change their self concept by doing something different and succeeding at it. If one fails at doing something different the change may be for the worse.

B. Response after incomplete counselling/reading:

Yes. By thinking differently.

C. Counsellor's comment:

The first statement make's reference to repeated failure which has been a reality for John in the past. The second statement indicates understanding of another way to change his self-concept.

Question:

5. Can you think of five reasons why people don't listen?

A. Response prior to counselling/reading:

They are hard of hearing.

They don't care.

They are proud.

They don't know why listening is positive.

Bad experience in the past, of listening.

B. Response after incomplete counselling/reading:

They don't care.

They are distracted.

They don't want to be hurt.

They don't know how.

They are afraid.

C. Counsellor's comment:

There are more emotional responses which are relevant to John in the second list of reasons such as not knowing how to listen, being afraid, and fear of being hurt when you listen.

Question:

6. When you are listening to your partner talk and they say something that hurts your feelings what do you usually do?

A. Response prior to counselling/reading:

Be quieter than usual and weigh the pros and cons of the statement.

B. Response after incomplete counselling/reading:

I reflect on my hurt for a while and keep quiet or I defend myself.

C. Counsellor's comment:

The second response seems closer to Mary's description of similar incidents. She says he can be very verbally agressive if she complains and that she used to end up in tears with no constructive solution to the problem, but there is some progress lately.

Question:

7. How would you describe an emotionally healthy person?

A. Response prior to counselling/reading:

An emotionally healthy person is one who is able to experience the whole range of emotions from A to Z and still enjoy living.

B. Responses after incomplete counselling/reading:

Someone who can handle ups and downs.

C. Counsellor's comments:

No Change. John was tired when writing the second answer.

Question:

8. Why did you get married? Did you get married for the "wrong reasons"?

A. Response prior to counselling/reading:

I married Mary because I wanted to be married, I wanted to know Mary more, and I loved her. I think I got married for the right reasons.

B. Response after incomplete counselling/reading:

I married because I wanted to.

C. Counsellor's comment: His commitment to the relationship and to the institution of marriage has helped them to stay together in a difficult period of their lives.

Question:

9. How would you go about changing a bad marriage?

A. Response prior to counselling/reading:

Start by admitting the problem. Then do research (seek out help) about how to go about righting things. Basically it is the attitude that has to want to make things better.

B. Response after incomplete counselling/reading:

By being sacrificial.

C. Counsellor's comment.

This idea of the nobility of sacrifice seems to be part of John's religious orientation. Generally, his application of these beliefs in a stereotypical and rigid manner seemed more apparent after the initial counselling session in which he seemed to be saying a lot of things which were socially desirable, but not deeply felt.

Question:

10. Give a brief description of your idea of the best way to handle a disagreement between you and your mate.

A. Response prior to counselling/reading:

The best way to handle a problem between Mary and I is to talk about it. To not let too much time go by, before hashing it out and reconciling.

B. Response after incomplete counselling/reading:

To think then act.

C. Counsellor's comment:

There does seem to be some progress in problem solving.

Question:

11. How do the following factors affect the emotional interaction in your marriage?

a) your job

A. Response prior to counselling/reading:

My job (part time security job–grave yard shift) probably reinforces my quiet nature (not very emotional).

B. Response after incomplete counselling/reading:

It makes me tired so sometimes I'm cranky.

C. Counsellor's comment:

John had a new job which offered potential advancement in the future. They moved to Calgary so he could accept a promotion in that city. This was the first break in a rather dismal employment history for John and, although fatigued, he was coping. His energy was focused upon economic survival and he and Mary were not dealing with relationship issues. Instead they tried to maintain the usual coping strategies they were familiar with. Mary had done reasonably well in her first semester of university. She seemed ambivalent about leaving the university in Edmonton and following John to Calgary. She would have to wait

to be accepted to the university in Calgary, but given her perfectionism, she may have been relieved at the respite from her self-imposed performance pressure and from her potential for succeeding in an area where her husband had failed. Her ambition and traditional female values were in conflict and John seemed totally unaware of her feelings.

b) the expectations of your spouse

A. Response prior to counselling/reading:

Mary's expectations make me glad and make me appreciate her positive vibes.

B. Response after incomplete counselling/reading:

I don't have them clearly defined so they don't affect me too much.

C. Counsellor's comment:

There seems to be some avoidance by John regarding some issues where he and Mary are in conflict. She is a perfectionist and is very idealistic regarding romantic sexuality. She expects romanticism and says she's disappointed that he doesn't respond that way. He's been told of these expectations, but he either ignores her suggestions or argues about whether they are "right" in some absolute sense.

c) the expectations you have of yourself

A. Response prior to counselling/reading:

I have high expectations of myself and I think this causes me to be less emotional also, because I have to attain before I can be totally relaxed. I wish I could be more emotional towards Mary.

I try to pursue and do things in an ordered fashion so I can know what's going on. I would like to apply myself more to using time effectively. Sometimes I wish I could just philosophize more and write out ideas.

B. Response after incomplete counselling/reading:

They make me depressed sometimes because sometimes they are contradictory to what I am doing.

C. Counsellor's comment:

The second answer (after counselling) seemed insightful and more emotionally directed than the first. His belief system seems to put so much pressure on him to conform to an ideal. This is particularly evident in the sexual attitudes he holds. His obsession with pornography (which he refused to explore) and his belief that sex has nothing to do with his spiritual life have lead to a lack of integration in his belief system, i.e. he doesn't feel that his body or his sexual imagination have anything to do with the rest of his thoughts. He feels out of control and afraid. He is also afraid to bring his sexuality under conscious control as he believes that he will lose the intense thrill that illicit pleasure gives him. Attempts to explain that another form of intensity could replace out of control "evil" didn't impress him. Until he is open to the suggestions of others counselling will probably be of limited usefulness. In time he may be more receptive. A good Christian counsellor might help him integrate his beliefs into a system which does not cause him so much anxiety.

Also note that John misspells many simple words. Some were corrected to make the text more readable.

Question:

12. Can you describe five emotional factors than can cause sexual difficulty in a normal person?

A. Response prior to counselling/reading:

Shyness - of bodily functions, appearances

Guilt - of trying new things

Anxiety - of performance

Lust - treating the other person as an abstract object

Bitterness - trying to get back at another person by manipulation

of availability for sex.

B. Response after incomplete counselling/reading:

Fear

Anger

Hate

Mourning

Longing for (jealousy)

C. Counsellor's comment:

All of these factors except mourning seem to have some effect on John or Mary, but are not acknowledged.

Question:

13. Which of these emotional factors most often affect you? Which affect your mate?

A. Response prior to counselling/reading:

Anxiety of performance for myself. Guilt and Anxiety for Mary.

B. Response after incomplete counselling/reading:

None for myself. Fear for Mary.

C. Counsellor's comment:

Unfortunately, John seems to have decided that everything is Mary's problem. He does not wish to consider how his own behaviour affects the interaction. His anxiety about performance bothers Mary and she also reacts badly to his sexual attitudes.

Question:

14. How does your sexual interaction with your mate affect your self-esteem? Do you feel loved during sexual activities?

A. Response prior to counselling/reading:

I think there is the knowledge that we love each other and are trying to express it sexually, but the act of sex seems to be an unsuccessful mode of articulating it. So I don't feel like Mary is formost trying to communicate love, but is trying to overcome her hangup or problem. Both of our attentions seem to be upon

performance, or the mode of articulating, rather than where it should be. But love does come through the problem; it would come through a lot more if there were no problem.

B. Response after incomplete counselling/reading:

Sometimes I think that I'm not desired, but then I realize that that, is not the problem after all.

C. Counsellor's comment:

There is so much basic good will and desire to understand in these statements. John's commitment to improving the situation is encouraging. It is possible that he will be able to look at his own behaviour when he is in a better job situation and generally feeling more secure. He was encouraged by the counsellor to seek additional counselling in Calgary and told to try not to be discouraged at this temporary impass.

APPENDIX 9. BRIEF CONCEPTUAL ASSESSMENT OF WIFE - COUPLE II

Question:

1. The term self-concept refers to the way you see yourself or what sort of person you think you are. Describe yourself in a brief paragraph.

   A. Response prior to counselling/reading:

   I know I am a very warm, sensitive person; sensitive to other people's needs as well as my own. In fact, I have trouble deciding when I have a right to my needs if it could hurt someone else.

   B. Response after counselling/reading:

   I am a warm, sensitive person, trying to get in touch with who I am and to grow into a fully fuctioning person.

   C. Counsellor's comment:

   States a constructive goal. No mention of previous confusion.

   Question:

2. Do you think about yourself positively, but realistically, or do you worry about whether you are what you should be?

   A. Response prior to counselling/reading:

   Sometimes I'm able to accept myself as I am, as the person God created me to be (warts and all) and feel good about it. Other times, I worry if I've done the "right" thing, if I've hurt or been inconsiderate of anyone else.

   B. Response after counselling/reading:

   I am trying to accept myself "as is" and I feel I have made great progress but there are times I have to fight away the "shoulds."

   C. Counsellor's comment:

   Some progress.

   Question:

3. Where do you think negative feelings about yourself come from?

   A. Response prior to counselling/reading:

From my past life experiences. I feel that my mother put very unreal expectations on me when I was growing up. Also I felt not very accepted by other family members (aunts, uncles, grandparents) as a child and these feelings are hard to shake. I also feel that my husband could not accept my differences when we first married and this fed my negative feelings about myself.

B. Response after counselling/reading:

I suppose from within myself but they can be dormant until triggered by some force.

C. Counsellor's comment:

Some shift in attribution. Less emphasis on past experience and the past is no longer seen as the only factor determining negative feelings.

Question:

4. Is it possible to change the way you think about yourself? How could a person change their self-concept?

A. Response prior to counselling/reading:

I'm sure, with the proper support or in the right environment, I could feel good about myself. In fact, I give myself support or a pat on the back when I realize that I've done my best at something. However, I need more than my own support. Playing bridge really helps my self-image.

B. Response after counselling/reading:

By being around positive forces or creating them for oneself.

C. Counsellor's comment:

No change in concepts; however, other information indicates greater use of the idea that she can influence her self-concept.

Question:

5. Can you think of five reasons why people don't listen?

A. Response prior to counselling/reading:

Being too involved with their own problems, etc.

Not being able to understand what you are trying to say and too embarrassed to ask.

Being too busy.

Being pre-occupied with their own world.

B. Response after counselling/reading:

Too preoccupied in own world.

Not interested in whats being said.

Being annoyed by whats being said.

C. Counsellor's comment:

Mentions annoyance resulting in not listening. Husband does this as she learned in counselling.

Question:

6. When you are listening to your partner talk and they say something that hurts your feelings what do you usually do?

A. Response prior to counselling/reading:

Feel hurt, pout, harbor resentments, relive past hurts.

B. Response after counselling/reading:

Say so.

C. Counsellor's comment:

The change from silent resentment to active attempts to make her husband aware of her feelings has had positive results in the relationship.

Question:

7. How would you describe an emotionally healthy person?

A. Response prior to counselling/reading:

Someone who is in control of their life.

B. Response after counselling/reading:

One who is fully in control of his or her life.

C. Counsellor's comment:

No significant change.

Question:

8. Why did you get married? Did you get married for the wrong reasons?

   A. Response prior to counselling/reading:

   To share my life with someone I felt had common moral views and to be happy. No.

   B. Response after counselling/reading:

   To share my life with someone whose values were very similar to mine. This is not the wrong reason.

   C. Counsellor's comment: It may be significant that she does not say she expects her husband to make her happy.

Question:

9. How would you go about changing a bad marriage?

   A. Response prior to counselling/reading:

   Learn how to communicate.

   B. Response after counselling/reading:

   Counselling, learn how to communicate.

   C. Counsellor's comment:

   Hopefully, counselling has been useful for her.

Question:

10. Give a brief description of your idea of the best way to handle a disagreement between you and your mate.

   A. Response prior to counselling/reading:

   Discuss it and listen to each other's views.

   B. Response after counselling/reading:

   Confront the issue, then discuss it until a workable solution is found.

   C. Counsellor's comment:

   The need for actual problem solving is noted in the second answer.

Question:

11. How do the following factors affect your emotional interaction in your marriage?

a) your job

A. Response prior to counselling/reading:

Taking care of a three year old drains me and makes me feel properly appreciated for the sacrifice I made having a child for my husband, at a time I needed time for me. I complain to make him realize how hard it is on me but he doesn't seem to think I've done anything particularly great.

B. Response after counselling/reading:

When things go well, favorably. When not, negatively.

C. Counsellor's comment:

Joan's coping better with her young recently.

b) the expectations of your spouse

A. Response prior to counselling/reading:

His expectations - I feel stifled.

B. Response after counselling/reading:

Expectations of spouse - if what he says is true, very good.

C. Counsellor's comment:

The feeling of being stifled is probably due to projection of her own perfectionism onto her husband. Also, they avoid discussing areas of disagreement. This may create a stifling tension.

c) the expectations you have of yourself

A. Response prior to counselling/reading:

My expectations - I feel very inadequate.

B. Response after counselling/reading:

My expectations - This is really a problem.

C. Counsellor's comment:

Joan has begun to realize that her feelings of inadequacy result from her own expectations.

Question:

12. How do these influences affect the time and attention devoted to different activities?

A. Response prior to counselling/reading:

I feel like I'm running in circles and not getting anywhere. I would like to change the way I waste time and I certainly would like to focus my attention on something other than housework and childraising.

B. Response after counselling/reading:

I'm running in circles so much of the time, I suppose because of my expectations. I would like to feel efficient with my time and have time for my own growth and satisfaction.

C. Counsellor's comment:

There is still no implementation of this goal, but there is new awareness of the source of the problem.

Question:

13. Can you describe five emotional factors that can cause sexual difficulty in a normal person?

A. Response prior to counselling/reading:

Not feeling loved or appreciated.

Being too tired.

Worrying about something else.

Partner's personal hygiene.

Being too casual - lack of commitment.

B. Respose after counselling/reading:

Unresolved hostility.

Being too tired.

Being up too late.

C. Counsellor's comment:

The inclusion of "unresolved hostility" in the second list without blaming the partner for an "offense" seemed constructive. Worries about lack of commitment and irritation over hygiene have

been resolved.

Question:

14. Which of these emotional factors most often affect you? Which affect your mate?

A. Response prior to counselling/reading:

For me, not feeling loved or appreciated, personal hygiene, lack of commitment. For him, being too tired, outside problems.

B. Response after counselling/reading:

For both of us, staying up too late. We sometimes don't put much priority on our sex life.

C. Counsellor's comment:

Joan now accepts part of the responsibility for the level of sexual satisfaction in the relationship.

Question:

15. How does you sexual interaction with your mate affect your self-esteem? a) Do you feel respected?

A. Response prior to counselling/reading:

I feel respected.

B. Response after counselling/reading:

Since these sessions, I feel respected, attractive, and loved.

C. Counsellor's coment:

Improvement in emotions affecting sexual response.

b) Do you feel attractive to him/her?

A. Response prior to counselling/reading:

I do feel attractive to him but not attracted to him.

B. Response after counselling/reading:

Since these sessions, I feel respected, attractive, and loved.

C. Counsellor's comment:

Improvement in emotions affecting sexual response.

c) Do you feel loved during sexual activities?

A. Response prior to counselling/reading:

Sometimes I feel loved.

B. Response after counselling/reading:

Sometimes I feel loved.

C. Counsellor's comment:

Improvement in emotions affecting sexual response.

APPENDIX 10. BRIEF CONCEPTUAL ASSESSMENT OF HUSBAND - COUPLE II

Question:

1. The term self-concept refers to the way you see yourself or what sort of person you think you are. Describe yourself in a brief paragraph.

   A. Response prior to counselling/reading:

   Question left unanswered.

   B. Response after counselling/reading:

   I am a person that needs to love and be loved, but is still a bit uncomfortable with these feelings. I am warm, open, and friendly until someone responds, then I withdraw to a safe distance. I am compassionate, but have difficulty expressing it.

   C. Counsellor's comment:

   Realistic, insightful, and constructive self-evaluation after treatment.

   Question:

2. Do you think about yourself positively, but realistically, or do you worry about whether you are what you think you should be?

   A. Response prior to counselling/reading:

   Mixture of both.

   B. Response after counselling/reading:

   I think of myself realisitically, but also I think of how I should be to some extent.

   C. Counsellor's comment:

   More emphasis on realism in the second statement.

   Question:

3. Where do you think negative feelings about yourself come from?

   A. Response prior to counselling/reading:

   Background.

   B. Response after counselling/reading:

   From a childhood home environment where I was made to feel

unloved and unwanted.

C. Counsellor's comment:

Clearer description of factors in background in the second statement. No mention of self-reinforcement of negative feelings.

Question:

4. Is it possible to change the way you think about yourself? How could a person change their self-concept?

A. Response prior to counselling/reading:

Doing things you know you're good at.

B. Response after counselling/reading:

Yes, by accentuating positive characteristics.

C. Counsellor's comment:

Now stresses personal attitude.

Question:

5. Can you think of five reasons why people don't listen?

A. Response prior to counselling/reading:

Wrapped up in own problems

Not interested

Bored

B. Response after counselling/reading:

Bored

Tired

Preoccupied

Repetitious complaint or story

distracted

C. Counsellor's comment:

The fourth reason is probably a frequent reaction to the circular and non-productive complaining without resolution that occurs in the marriage at times.

Question:

6. When you are listening to your partner talk and they say something that hurts your feelings what do you usually do?

   A. Response prior to counselling/reading:

   Get defensive.

   B. Response after counselling/reading:

   Clam up and tune her out.

   C. Counsellor's comment:

   No perceived change. I have seen him respond more constructively in the counselling situation, but this may not occur at home.

Question:

7. How would you describe an emotionally healthy person?

   A. Response prior to counselling/reading:

   A person that does not readily get upset if things don't turn out the way they hoped or by things people say or do to them.

   B. Response after counselling/reading:

   One that has a positive outlook on life and people.

   C. Counsellor's comment:

   Less concerned about being emotional now. Focusing on his perception rather than reaction.

Question:

8. Why did you get married? Did you get married for the "wrong reasons"?

   A. Response prior to counselling/reading:

   Perhaps for the wrong reasons, in that we were living together and agreed it was not our preferred life style. I don't think we really loved each other but we saw great potential in our relationship. We both feel our relationship would not have survived had we not gotten married.

   B. Response after counselling/reading:

   For all the right reasons, though at the time I didn't know it.

C. Counsellor's comment:

Marital adjustment test also shows greater commitment.

Question:

9. How would you go about changing a bad marriage?

A. Response prior to counselling/reading:

A marriage that is bad on the basis of total incompatibility can not be saved; however, one that is bad on the basis of problems of inter-relating and communication can be saved by dealing with the causes of these problems.

B. Responses after counselling/reading:

If a marriage is basically sound the problems can usually be solved by frank and open discussion.

C. Counsellor's comment:

No change. Thoughtful answers.

Question:

10. Give a brief description of your ideas of the best way to handle a disagreement between you and your mate.

A. Response prior to counselling/reading:

It needs to be discussed openly and honestly. This is one of out problems.

B. Response after counselling/reading:

By honest expression of feelings.

C. Counsellor's comment:

There is relatively more honest discussion now than was evident prior to counselling.

Question:

11. How do the following factors affect your emotional interaction in your marriage? a) your job:

A. Response prior to counselling/reading:

Coming home tired and hungry has a negative effect.

B. Response after counselling/reading:

Positive (good pay and hours).

C. Counsellor's comment:

Arnold has begun to appreciate some positive aspects of his job. The problem of Joan's expectations and Arnold's response to them has not been resolved, but she is aware that she needs to change. See her evaluation of the outcome of treatment.

b) the expectations of your spouse:

A. Response prior to counselling/reading:

She expects me to be the do-all and end-all for too many aspects of our relationship.

B. Response after counselling/reading:

Both of these need clarification by Joan and I. Our communication shortfall in this area has an adverse effect on all aspects of our relationship.

C. Counsellor's comment:

Arnold has begun to appreciate some positive aspects of his job. The problem of Joan's expectations and Arnold's response to them has not been resolved, but she is aware that she needs to change. See her evaluation of the outcome of treatment.

c) expectations you have of yourself:

A. Response prior to counselling/reading:

I quite often am disappointed in myself for not being able to keep her happy.

B. Response after counselling/reading:

Both of these need clarification by Joan and I. Our communication shortfall in this area has an adverse effect on all aspects of our relationship.

C. Counsellor's comment:

Arnold has begun to appreciate some positive aspects of his job. The problem of Joan's expectations and Arnold's response to them has not been resolved, but she is aware that she needs to

change. See her evaluation of the outcome of treatment.

Question:

12. Can you describe five emotional factors that can cause sexual difficulty in a normal person?

A. Response prior to counselling/reading:

Spouse's happiness

Behaviour of children (discipline)

Fatigue

B. Response after counselling/reading:

Fatigue

Tension

Anxiety

Boredom

Financial worry

C. Counsellor's comment:

Personal emotional states are now included in the second list.

Question:

13. Which of these emotional factors most often affect you? Which affect your mate?

A. Response prior to counselling/reading:

All of the above (i.e. spouse's happiness, emotional reactions to discipline of children, fatigue).

B. Response after counselling/reading:

Fatigue, tension, and anxiety for both of us.

C. Counsellor's comment:

Similarity in affective states (with spouse) noted now.

Question:

14. How does your sexual interaction with your mate affect your self-esteem? a) Do you feel respected?

A. Response prior to counselling/reading:

Yes

B. Response after counselling/reading:

Yes

C. Counsellor's comment:

No change perceived. Wife says she did not find him attractive, prior to counselling.

b) Do you feel attractive to her/him?

A. Response prior to counselling/reading:

Yes

B. Response after counselling/reading:

Yes

C. Counsellor's comment:

No change perceived. Wife says she did not find him attractive, prior to counselling.

c) Do you feel loved during sexual activities?

A. Response prior to counselling/reading:

Yes

B. Response after counselling/reading:

Yes

C. Counsellor's comment:

No change perceived. Wife says she did not find him attractive, prior to counselling.

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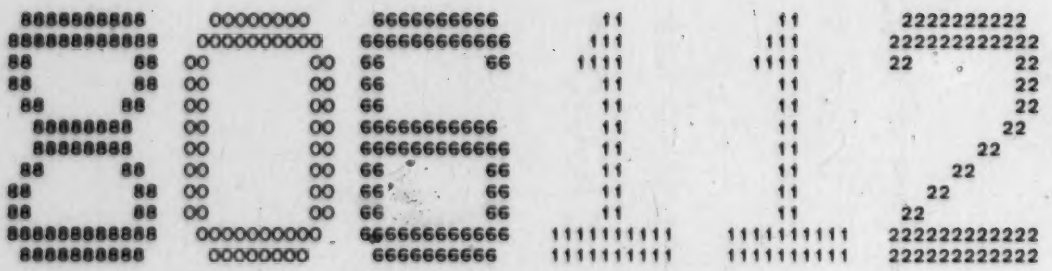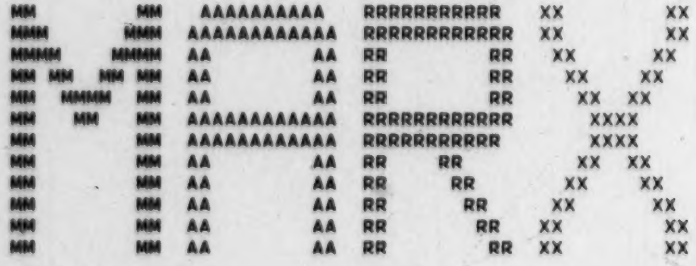
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